

<b>Case Number:</b>	CM15-0128195		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male patient, who sustained an industrial injury on 5/29/2009. He reported injury to his low back from lifting cases of milk and water for two days. The diagnoses include low back pain, lumbar radiculopathy, thoracic spine pain, and thoracic sprain-strain. Per the doctor's note dated 6/3/2015, he had complains of low back pain with lumbar radiculopathy and thoracic pain, especially with twisting motions. Physical examination revealed parathoracic and paralumbar pain and lumbar spine tenderness with palpation, decreased lumbar spine range of motion. His medications included Zanaflex, Norco, and Elavil. He has had lumbar MRI on 7/9/2009 and 4/5/2010; CT lumbar spine dated 1/10/2010; X-rays of the thoracic spine dated 3/26/2015 with normal findings. He has undergone lumbar spine fusion surgery at L5-S1 in 1994. He has had physical therapy visits for this injury. The treatment plan included computerized tomography of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CT scan (thoracic spine):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** CT scan (thoracic spine) Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The pt has had pain in the thoracic back area for over 1 month. He has already had conservative treatment with appropriate medications and physical therapy. He has already had x-rays. A more detailed imaging study like a CT scan of the thoracic spine is medically appropriate and necessary at this point to rule out uncommon and significant causes of thoracic area pain like aortic aneurysm or tumors. A CT scan (thoracic spine) is medically necessary.