

<b>Case Number:</b>	CM15-0128488		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

The injured worker is a 51 year old female, who sustained an industrial injury on 5/20/2011, due to repetitive lifting. The injured worker was diagnosed as having low back pain with degenerative disc disease and uncontrolled diabetes (onset 2000). Treatment to date has included diagnostics, physical therapy, and medications. Currently (5/28/2015), the injured worker complains of interscapular pain, rated 10/10, and unspecified left upper extremity symptom. Cervical magnetic resonance imaging from 2013 was referenced. Magnetic resonance imaging of the cervical spine from 4/29/2015 was submitted. Her work status remained modified. Current medication regimen was not documented. No significant objective findings were noted, noting tenderness to palpation to the thoracic and lumbar spines. The treatment plan included magnetic resonance imaging to the lumbar and thoracic spines, along with chiropractic treatment. Magnetic resonance imaging of the lumbar spine was referenced in the progress report dated 1/29/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM: Cervical and Thoracic Disorder, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Outpatient MRI thoracic spine is not medically necessary.

**Outpatient MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false- positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. It was noted that the patient has previously had an MRI (date not specified) of the lumbar spine which was positive for degenerative changes and a small tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Outpatient MRI of the lumbar spine is not medically necessary.