

<b>Case Number:</b>	CM15-0175475		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 35 year old male, who sustained an industrial injury on 2-12-15. The injured worker is being treated for (HNP) herniated nucleus pulposus at L5-S1 and lumbar stenosis. (MRI) magnetic resonance imaging of lumbar spine performed on 4-22-15 revealed L5-S1 bulge with left lateral recess protrusion with mild central canal and left lateral recess narrowing; (EMG) Electromyogram of bilateral lower extremities was read as a normal study. Treatment to date has included oral medications including Flexeril 7.5mg (provided no relief), Tramadol 37.5mg (provided no relief), Relafen 750mg (provided no relief), Norco 10-325mg, Soma, Diclofenac 100mg and Orphenadrine citrate 100mg; physical therapy with limited benefit and activity modifications. On 7-29-15, the injured worker complains of continued stabbing pain across his low back, he reports it no longer radiates down the bilateral lower extremities; however it radiates into the bilateral hips and buttocks. He rates the pain 8-9 out of 10 and sleeps about 5 hours a night. He is noted to be temporarily partially disabled. Physical exam performed on 7-29-15 revealed tenderness to palpation over the thoracic and lumbar spine with spasms and restricted range of motion of lumbar and thoracic spine. The treatment plan included request for Nabumetone 7500mg #60, Diclofenac 75mg #60, thoracic epidural steroid injections, (MRI) magnetic resonance imaging of the thoracic spine, prescription for Norco 10325mg #90 and follow up appointment. On 8-3-15 (MRI) magnetic resonance imaging of thoracic spine was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar and Thoracic (Acute and Chronic), MRIs.

**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 and Thoracic MRIs.

**Decision rationale:** MRI of the spine is recommended for indications below. MRIs are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for magnetic resonance imaging of the lumbar and thoracic spine are as follows: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. In this case, documentation in the medical record does not support thoracic radicular symptoms or the presence of red flags. In addition, there have been no progressive neurological deficits or significant change in signs/symptoms. Medical necessity has not been established. The request is not medically necessary.