

<b>Case Number:</b>	CM15-0179818		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, 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:

The injured worker is a 77 year old male who sustained an industrial injury on 5-22-2014. A review of medical records indicates the injured worker is being treated for cervical spine degenerative disc disease-spondylosis, cervical spine sprain strain, lumbar spine degenerative disc disease, lumbar spine sprain strain, bilateral lower extremities, arteriosclerosis vascular disease, and left knee joint degenerative osteoarthritis. Medical records dated 8-13-2015 noted neck pain with reduced range of motion and painful movement. There was low back pain that increased with prolonged walking and standing. There was limited range of motion. There was bilateral knee pain with reduced range of motion and painful movement. It was noted he had returned to work under modified duty. Physical examination dated 8-13-2015 noted tenderness to palpation over the right para cervical. There was tenderness to palpation over the posterior superior iliac spine. There was decreased sensation light touch to the posterior right leg thigh. The left knee showed no tenderness to palpation. There was crepitus noted. MRI of the lumbar spine dated 12-5-2014 revealed abnormalities. Treatment has included medical imaging and a home exercise program. Utilization review form noncertified MRI of the thoracic spine and MRI of the chest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: 1.19.15 MRI 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, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There were no prior x-rays indicating need to further evaluate the T-spine. There was no plan for surgery. The results of the MRI showed degenerative changes. The request for an MRI of the thoracic is not medically necessary.

**Retro DOS: 1.27.15 MRI of the chest:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2 Siegelman SS. Hot Topics in Chest CT. Presented at: 24th Annual Computed Body Tomography: The Cutting Edge, February 14-17, 2008, Orlando, FL. 3 Radiology 2006; 239: 34-49 4 AJR 2002 May; 178 (5): 1053-1057.

**Decision rationale:** In this case, there were no chest-x-rays or CT scans indicating abnormalities that warrant further imaging. MRI chest is appropriate when there are concerns about CT contrast such as renal insufficiency or contrast allergy. MRI chest may be appropriate in order to clarify equivocal findings on previous imaging studies. In this case, there was no mention of the above concerns or failure of alternative to require an MRI of the chest. The request is therefore not medically necessary.