

<b>Case Number:</b>	CM15-0020622		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/08/2004
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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:

The injured worker is a 41-year-old male who sustained an industrial injury on 02/08/04. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, a pain injection, and chiropractic treatments. Diagnostic studies include MRIs of the lumbar spine on 06/23/12 and 07/16/13 that revealed disc protrusions and foraminal narrowing, as well as electro diagnostic studies of the lower extremities on 01/24/13 that revealed no radiculopathy. Current complaints include low back pain, difficulty sleeping due to pain, gastric reflux due to medications, and left ankle pain. Current diagnoses include left lumbar radiculopathy, secondary insomnia due to chronic pain, and fall due to left leg giving out from radiculitis causing left ankle sprain. In a progress note dated 12/15/14 the treating provider reports the plan of care as a MRI of the lumbar and thoracic spine, medications including Norco, Ibuprofen, Prilosec, and Flexeril, as well as ice, a wheeled walker, home exercises, lumbar brace, and TENS unit. The requested treatments include a MRI of the thoracic spine. Per note, dated 6/29/15 patient had complaints of low back pain with radiculopathy, numbness and tingling. Physical examination of the thoracic spine revealed tenderness on palpation. A detailed physical examination of the thoracic spine was not specified in the records provided. The patient has had antalgic gait, using a cane for ambulation and had positive SLR. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the thoracic spine: Upheld**

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

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

**Decision rationale:** MRI (magnetic resonance imaging) of the thoracic spine. Per the ACOEM chapter, 8 guidelines cited below "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. " Per the ACOEM chapter, 8 guidelines cited below 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. " Physical examination of the thoracic spine revealed tenderness on palpation. Detailed physical examination of the thoracic spine was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Physical examination revealed normal neurological examination. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent thoracic spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the thoracic spine was not specified in the records provided. The medical necessity of the request for MRI (magnetic resonance imaging) of the thoracic spine is not medically necessary for this patient.