

<b>Case Number:</b>	CM15-0096284		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: North Carolina  
 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 58 year old female, who sustained an industrial injury on 10-01-2007. Diagnoses include cervical, thoracic and lumbar spine multi-foraminal stenosis with bilateral radicular pain, bilateral sciatica, right shoulder sprain and contusion with possible internal derangement. Treatment to date has included surgical intervention (microdiscectomy L5-S1 in 2008) as well as conservative measures including physical therapy, acupuncture, chiropractic and medications. Per the handwritten Primary Treating Physician's Progress Report dated 4-06-2015, the injured worker reported that she has good and bad days with her back, especially with the weather changes and she has noticed burning down her hips. Physical examination revealed no changes, no signs and symptoms of gross instability and no acute neurologic changes. There was tenderness to the lumbar spine with spasms and 50% range of motion. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.