

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0098599 |                              |            |
| <b>Date Assigned:</b> | 05/29/2015   | <b>Date of Injury:</b>       | 08/17/2011 |
| <b>Decision Date:</b> | 06/30/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on 08/17/2011. She has reported subsequent neck, back and right wrist/arm/shoulder pain was diagnosed with cervical strain with bilateral trapezial trigger points and moderate mid thoracic back pain. Treatment to date has included oral pain medication, wrist brace, application of heat and ice, chiropractic therapy and massage therapy. In a progress note dated 04/03/2015, the injured worker complained of neck, mid back, left shoulder, right arm and lower extremity pain. Objective findings were notable for decreased range of motion of the cervical spine with pain during extension at 25 degrees, decreased range of motion of the right shoulder with positive impingement and Neer's test and parascapular trigger points. A request for authorization of an MRI of the thoracic spine without contrast was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast (thoracic spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI without contrast of the thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, of the injured worker's working diagnoses are cervical strain bilateral trapezial trigger points; and moderate mid thoracic back pain. The injured worker followed up with an orthopedic surgeon (first visit evaluation) on April 3, 2015. The injured worker has multiple complaints including neck, mid back, lower extremities and upper extremities. The injured worker received physical therapy and multiple medications. According to the April 3, 2015 progress note there are no pain scores. There is no physical examination of the thoracic spine. There is no neurologic evaluation of the upper or lower extremities. There are no red flags documented in the medical record indicating an MRI is indicated. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The treating provider (in the discussion section) is requesting an MRI thoracic spine to "complete the workout". There is no clinical indication for the MRI thoracic spine. Consequently, absent clinical documentation with the clinical indication and rationale, objective physical findings on examination with a neurologic evaluation, MRI without contrast thoracic spine is not medically necessary.