

<b>Case Number:</b>	CM13-0021401		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year-old patient sustained an injury on 3/1/13 while employed by [REDACTED]. The request under consideration is MRI of the thoracic spine. The report of 11/13/13 from the provider noted chronic low back pain rated at 5-8/10 with spasm. An exam showed full range of motion at C and L spine, kyphosis (congenital) with INCR paravertebral hypertonicity thoracic and lumbar spine. The diagnoses include kyphosis and thoracic strain. Per medical report of 12/3/13 from the provider, the patient has thoracic pain with spasms. Pain continues and is rated at 8/10 level. Conservative care has included physical therapy, medications, and rest as the patient has not worked for several months. An exam showed unchanged congenital kyphosis with paravertebral hypertonicity thoracic and lumbar spine, full range of motion of the cervical and lumbar spine, no clinical change noted and "No neuro signs." The medications list Ibuprofen, Flexeril, and Norflex. The diagnosis was sprain of thoracic region. The treatment included acupuncture and medications. The request for MRI of the thoracic spine was non-certified on 8/15/13 citing guidelines criteria and lack of medical necessity.

### 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** Although California MTUS Treatment Guidelines do not specifically address MRI of the thoracic spine, indications for general imaging requires neurological deficits and red flag evidence to clarify for possible surgical consideration. The provider noted history of congenital kyphosis with unchanged chronic thoracic pain with exam findings of kyphosis with full spinal range of motion without evidence of neurological deficits. There is no evidence that a thoracic x-ray has been done. The medical necessity for the thoracic spine MRI has not been established per guidelines criteria. The MRI of the thoracic spine is not medically necessary and appropriate.