

Case Number:	CM13-0070166		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2013
Decision Date:	05/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 Radiology and is licensed to practice in Texas. 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:

The injured worker was a 40 year old female with reported injury on 07/01/2013. The mechanism of injury reportedly occurred when carrying and lifting heavy boxes. The injured worker complained of pain to left side from rib cage to pelvic bone. The x-ray dated 07/03/2013 ruled out lumbar disc injury. According to the orthopedic note on 01/10/2014, the injured worker stated that the chest wall and abdominal pain rated 6/10 as well as the left hip and low back pain rated 8/10. The injured worker's medication regimen included Tramadol ER, Naproxen sodium, Pantoprazole and Cyclobenzaprine. According to clinical documents provided the injured worker stated medication had "improvement" on range of motion and activities of daily living. The clinical documentation dated 02/03/2014 recorded spinal range of motion at 55 degrees, flexion at 60 degrees; negative Tinel's and negative Spurlings. Normal Range of motion throughout skeletal system as well as motor strength all recorded at 5/5. The request for authorization of an MRI left rib cage was received on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Rib Cage: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG), Pulmonary, MRI.

Decision rationale: The request for MRI left rib cage is medically necessary. A CT of the left rib cage was ordered on 07/11/2013, the injured worker did not show up on the appointed date for the CT. The x-ray dated 07/03/2013 ruled out lumbar disc injury and was documented as "normal" chest x-ray. There was no x-ray of the left rib cage submitted for review. There is a lack of clinical documentation regarding any findings from previous imaging that would need clarifying. Therefore, the request for MRI left rib cage is not medically necessary and appropriate.