

<b>Case Number:</b>	CM14-0068192		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine 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:

The records presented for review indicate that this 53-year-old male was reportedly injured on June 25, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 13, 2014, indicates that there are ongoing complaints of headaches and neck pain rated at 8/10 with radicular symptoms in both upper extremities. No physical examination was performed. Diagnostic imaging studies reported a 1 to 2 mm disc bulge at C3-C4, C5-C6, and C7-T1, and a 2 to 3 mm disc bulge at C6-C7. Previous treatment includes a Toradol injection. A request had been made for an MRI of the right-sided sternocostal joints (right shoulder and chest wall) and was not certified in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3.0 Telsa MRI of Sternocostal Joints (Right Shoulder and chest wall): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter. Indications for imaging--Magnetic resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** According to the attach medical record there is no apparent justification for an MRI of the sternocostal joints. A progress note dated October 1, 2013 states that there is a complaint of rib cage pain. A complaint of pain at the site is not justification for an MRI. Additionally no plain radiographs have been taken of this site. These multiple reasons this request for an MRI the sternocostal joints (right shoulder and chest wall) is not medically necessary.