

<b>Case Number:</b>	CM14-0191881		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A progress note dated 8/18/14 reports the insured complains of headache, neck pain and left scapula pain. The insured reports he was informed of having a "fracture". The provider notes there is no x-ray report indicating the presence of fracture. Examination notes slight induration and tenderness of the left levator scapulae. the foraminal compression test is negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xray of left ribs:** 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) Neck & Upper Back (updated 08/04/14) Radiography (x-rays)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) thoracic spine, CT scan

**Decision rationale:** Official Disability Guidelines (ODG) support imaging in cases of suspected trauma and concern for fracture or bony abnormality. The medical records do not indicate any local tenderness of rib cage or trauma to rib cage. Suspected fracture of scapula would not be

revealed by rib series. As such the medical records do not support medical necessity for xray of ribs congruent with ODG guidelines.