

<b>Case Number:</b>	CM15-0168643		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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  
 Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on March 27, 2015. The mechanism of injury was a fall in which the injured worker broke her fall with her right wrist. The diagnoses have included right carpal tunnel syndrome, cervical strain, rhomboid muscle strain, anxiety and depression. Work status was not identified. Current documentation dated August 5, 2015 notes that the injured worker reported increasing right-sided neck pain with radiation to the right shoulder. Examination of the cervical spine revealed pain and stiffness. Examination of the right shoulder revealed joint pain and stiffness. Examination of the chest revealed tenderness to palpation at the anterior superior chest wall that radiated to the back with pressure. Treatment and evaluation to date has included a cervical spine MRI (6-25-2015), nerve conduction study (5-14-2015), home exercise program and physical therapy. The cervical MRI did not reveal any obvious etiology for the injured workers pain. The injured worker was not taking any current medications. Medication tried and failed included Naproxen. The injured worker also was noted to have failed physical therapy. The treating physician's request for authorization dated August 5, 2015 included a request for a computed tomography scan of the chest without contrast. The original utilization review dated August 17, 2015 non-certified the request for a computed tomography scan (CT) of the chest without contrast due to unclear documentation as to why a computed tomography scan of the chest is indicated and why a normal plain radiograph was not obtained prior to the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the chest without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063040/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/CT\\_Thoracic.pdf](http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/CT_Thoracic.pdf).

**Decision rationale:** MTUS Chronic pain, ACOEM and Official Disability Guidelines do not have any adequate sections that deal with this topic. A CT of the chest was requested for unknown reason. Patient has pain on palpation of chest but no other findings. Provider has failed to document any suspicion for any significant life threatening pathology to need a CT. As per American College of Radiology guidelines, patient does not meet any specific indication for a CT of the thorax. The provider has failed to provide any rationale for a CT of the thorax and its associated radiation exposure. CT of the chest is not medically necessary.