

<b>Case Number:</b>	CM15-0040664		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male who sustained an industrial injury on 09/22/2006. Current diagnoses include displacement of cervical intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, and left rib pain. Previous treatments included medication management, physical therapy, and knee surgeries. Current diagnostic studies included MRI of the left ribs dated 10/30/2014. Report dated 01/12/2015 noted that the injured worker presented with complaints that included mild to moderate pain in the cervical spine, bilateral shoulders and elbows, lumbar spine, and bilateral knees. Pain level in these areas ranged from 4-7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for records and MRI of the left ribs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left ribs:** 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/pubmed/25333181>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation UpToDate.com, Magnetic resonance imaging of the thorax.

**Decision rationale:** MTUS only discusses ribs/chest in the context that a chest radiograph may be warranted "to clarify apparent referred cardiac pain. Chest radiographs may be needed to elucidate shoulder pain that could be the result of pneumothorax, apical lung tumor, or other apical disease such as tuberculosis."UpToDate states: MRI is an important tool in the evaluation of rib/chest structures. Although CT plays a primary role in non-cardiac chest imaging, the multiplanar capabilities and excellent tissue contrast of MRI make it equal or superior to CT in several areas including:-Assessment of the lung apices, diaphragm, and spinal column.- Evaluation of pleural disease.-Evaluation of paraspinal masses.-Assessment of local tumor extension, particularly chest wall invasion, and delineation of blood vessel invasion.-Metastatic invasion of bone marrow.-Certain aspects of staging of bronchogenic carcinoma; however, MRI still plays an adjunctive role to CT in this setting. The medical records do not detail concerns regarding any of the above conditions where an MRI of the chest would be indicated. As such, the request for MRI of the left ribs is not medically necessary at this time.