

Case Number:	CM15-0059309		
Date Assigned:	04/03/2015	Date of Injury:	08/28/2013
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 8/28/13. He reported pain in the mid back near the left side of the rib cage. The injured worker was diagnosed as having left intercostal neuritis, rule out thoracic disc herniation, and rule out internal chest lesion. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, and medications. A MRI of the left scapula performed on 3/24/14 was unremarkable. Currently, the injured worker complains of pain in the left rib area with radiation from the front to the back. The treating physician requested authorization for a computed tomography (CT) scan of the chest without contrast. The treating physician noted the CT scan was needed to rule out a potential chest lesion or occult problem to the ribs as pain had not resolved despite prolonged observation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of chest: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Chest Wall Pain.

Decision rationale: The etiology of this workers rib pain has been attributed to intercostal neuritis but there remains concern of the possibility to other neurologies. An MRI of the thoracic spine has been ordered to rule out a thoracic disc herniation. A CT scan of the chest has been ordered to rule out a lung lesion or occult problem to the ribs causing the pain. According to UpToDate, when symptoms suggest a musculoskeletal injury and pain persist despite a trial of an NSAID, consider rib films, a bone scan, and plain or CT chest radiography. A neoplasm is reasonable on the differential of possible etiologies even though no systemic or pulmonary symptoms have been presented to suggest this and the symptoms are temporally related to an injury. With certain neoplasms, rib or chest wall pain may be the only presenting symptoms and the lack of other associated symptoms related to the chest or lungs should not result in dismissal of neoplasia as a diagnostic consideration. This worker has persistent rib pain despite treatment over several months without improvement or a clear etiology. Therefore, a chest CT is reasonable and medically necessary.