

Case Number:	CM15-0064523		
Date Assigned:	04/10/2015	Date of Injury:	04/18/2014
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 31 year old female, who sustained an industrial injury on April 18, 2014. The injured worker had reported neck and back pain. The diagnoses have included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, chest wall trauma with rib fracture and costochondritis. Treatment to date has included medications, radiological studies, acupuncture treatment and physical therapy. Current documentation dated March 11, 2015 notes that the injured worker reported cervical spine, thoracic spine and lumbar spine pain. The injured worker also noted anterior chest wall pain. The pain was rated a three to seven out of ten on the visual analogue scale. No Physical examination was provided. The treating physician's plan of care included a request for an anterior chest wall MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Chest Wall MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 31 year old female with an injury on 04/18/2014. She had neck and back pain with chest wall trauma/rib fracture and costochondritis. On 03/11/2015 there was no physical examination documented and the chest wall MRI was ordered. A chest wall MRI is not medically necessary to treat an old rib fracture, over a year old, or chostochondritis (which is a clinical diagnosis needing a physical exam). The chest wall MRI is not medically necessary.