

Case Number:	CM13-0002464		
Date Assigned:	12/11/2013	Date of Injury:	10/19/2011
Decision Date:	02/19/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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:

The claimant with [REDACTED] claimed a neck injury on 10/19/11. Her complaints have included: constant pain in the neck, with radiating pain into the bilateral shoulders- worse on the right, constant pain in the bilateral shoulders-worse on the right, and right elbow pain. Treatment has included, but not limited to, physical therapy, acupuncture, and oral medications. Diagnosis to date includes Cervical Sprain, Lateral epicondylitis, Rule out cervical radiculopathy, Bilateral Carpal Tunnel Syndrome. There is a cervical MRI from June 20, 2013. The impression is: 1. Multilevel degenerative disc disease at C3 to C6 levels without evidence of any Significant canal stenosis. There is mild to-moderate foramlnal narrowing on the Left at C5-6, otherwise the foramina are relatively patent 2. There is some facet arthritis at C3-4 on the right and to a lesser extent at C4-5 on The left and C5-6 on the left. 8/28/13 Pain Medicine Consult: The patient has constant pain in her neck and constant pain in both shoulders. The upper extremity pain has a knife like feeling and the fingers feel like they are burning and on fire. The intensity is rated somewhere between 6/10 and 7/10 on a visual analog scale. She has constant numbness in her fingers except for the right first and second fingers which have an intermittent numbness. She also denies any numbness in the pinky finger bilaterally. The right upper extremity numbness is most severe in the third and fourth fingers and occasionally the second finger and in the left hand the numbness is in the first, second, third, and fourth fingers. The patient describes a significant feeling of weakness in both hands as well. Cervical Spine: The patient has pain with cervical range of motion. She has tenderness and spasm in the bilateral splenius capitis, bilateral trapezius, bilateral suprascapular. and bilateral rhomboid muscle groups. The tenderness is generally more pronounced on the left. Upper Extremity: Reflexes are 2+ and

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Scalene Test Blocks for Thoracic Outlet Syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Textbook - Interventional Pain Management, 2nd Edition, Edited by Steven D. Waldman, Chapter on Interscalene Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder- Adson's test and Anterior Scalene Block; as well as the following reference:
<http://www.ncbi.nlm.nih.gov/pubmed/18435210#> Electromyogr Clin Neurophysiol. 2008 Mar;48(2):67-74 and Electrodiagnostic Medicine, 2nd Editi

Decision rationale: Bilateral Scalene Test Blocks for Thoracic Outlet Syndrome is not medically necessary per MTUS guidelines. Documentation submitted does not support clinical evidence of true neurogenic thoracic outlet syndrome on NCS/EMG or physical exam. NCS/EMG found bilateral carpal tunnel syndrome only and none of the nerve conduction studies performed showed evidence consistent with TOS. Additionally, per ACOEM, "Scalene-stretching and trapezius-strengthening exercises have been found effective in relieving thoracic outlet compression symptoms." Although this patient has had therapy, specific focus on these types of exercises was not evident in the documentation submitted before trying a more invasive procedure such as scalene blocks. Documentation submitted does not reveal electrodiagnostic or clinical findings consistent with true thoracic outlet syndrome. For these reasons bilateral scalene test blocks are not medically necessary.

Bilateral Ultrasound of Median Nerve: 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), 2012 web edition, "Wrist Ultrasound (Diagnostic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Sections on Thoracic Outlet Syndrome (TOS) diagnosis, Carpal Tunnel Syndrome - ultrasound diagnostic

Decision rationale: Bilateral ultrasound of the median nerve is not medically necessary per ODG guidelines. Per documentation dated 6/24/13, [REDACTED] states "I would recommend a test injection for TOS the so called scalene test block is cited in ACOEM with the reference being my original paper on this. At the same time I will do an ultrasound of the median nerve to check this further" The patient has already had a NCS/EMG which was positive for bilateral median neuropathy at the carpal tunnel and did not reveal thoracic outlet syndrome. There are no recommendations for the evaluation of the median nerve on ultrasound for thoracic outlet syndrome in the MTUS or ODG. There is no reason to do ultrasound to evaluate the median

nerve at the carpal tunnel because this was already evaluated on NCS/EMG. Per ODG, "Ultrasound should not substitute for other recommended diagnostic procedures, since electrodiagnostic testing will be positive in well over 90% of carpal tunnel syndrome cases, perhaps higher if provocative techniques are used, and, for unclear cases, injection can help clarify the diagnosis."