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| Case Number: | CM13-0032110 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 11/20/2010 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 & Rehabilitation, and is licensed to practice in New York and Texas. 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 patient is a 50-year-old female who reported a work-related injury on 11/20/2010 as the result of strain to the cervical spine, right shoulder, right wrist, right hand, and low back. The patient currently presents for treatment of the following diagnoses: endocrinopathy opioid induced, severe psychiatric disorder, anxiety, depression, thoracic outlet syndrome, gastritis bloating, gastrointestinal symptomatology, cervical radiculopathy, lumbar radiculopathy, chronic fatigue, morning nausea, decreased libido, multiple orthopedic injuries, and chronic pain management. The clinical note dated 06/10/2013 reports the patient was seen under the care of [REDACTED] for neurosurgical re-examination. The provider reported the patient presents with severe neck pain that radiates into the right hand and had been associated with a weakness and numbness sensation of the right lower extremity as well as lumbar spine pain that radiates into the patient's left lower extremity. The provider documents the patient has strength of 4/5 at the left dorsiflexors and hamstring muscles and strength of 4/5 of the right finger flexors and intrinsic muscles of the right hand. There was sensory loss in the patient's right hand, and the dorsal aspect of the patient's left foot. Deep tendon reflexes were symmetric and gait was slow. The patient limps with the left leg and straight leg raise test was positive at 20 degrees to the left lower extremity. The patient had a positive Spurling's test; when tapping the vertex of the head the patient would experience pain in the right side of the neck. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the brachial plexus bilaterally with [REDACTED]: 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)

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

Decision rationale: The current request is not supported. The most recent documentation submitted for review evidencing a thorough physical exam of the employee was dated from 06/2013. The MTUS/ACOEM guidelines do not specifically address the request. However, the Official Disability Guidelines indicate that arterial ultrasound TOS testing is not recommended. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore, it is imperative that clinical decision is not based on these test outcomes alone. In addition, the provider had recommended an MRI of the employee's cervical spine to rule out any specific cervical radiculopathies that may be present causing the employee the significant cervical spine pain complaints as well as decreased motor strength to the bilateral upper extremities. Given all the above, the request for Ultrasound of the brachial plexus bilaterally with [REDACTED] is neither medically necessary nor appropriate.