

<b>Case Number:</b>	CM13-0046707		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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/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:

This is a 42-year-old female who sustained an industrial injury on 10/4/12. She complains of neck pain and left shoulder pain. The pain goes down her left arm to her biceps and continues down to her hand. Her visual analog pain score was 3/10 on the examination of August 20, 2013. She appears to be improving with treatment. Physical examination report notes multiple tender points and trigger areas in the neck and left upper extremity; range of motion of the neck and shoulder are unrestricted. There is no weakness or sensory loss in the upper extremities. EMG/NC of the left upper extremity was negative; MRI of the cervical spine was negative and MRI of the left upper extremity was also negative. Request was made for a MRI angiography of the spinal canal because of a possibility that the patient may have thoracic outlet syndrome on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST:** 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) regarding MR arthrogram.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation ACR practice guidelines for cervical cerebella MR angiography, Blue Cross Blue Shield medical policy.

**Decision rationale:** The ACOEM guidelines state that with persistent shoulder pain associated with neurovascular compression symptoms, an anteroposterior (AP) x-ray of the cervical spine can be used to identify a cervical rib. An examination dated 8/6/2013 found no evidence of neurovascular compromise. The practice guidelines for MRI angiography of the cervical area do not include establishing the diagnosis of thoracic outlet syndrome. It is used to evaluate vascular abnormalities of the cervical spine. Blue Cross/Blue Shield (BC/BS) medical policy: Magnetic resonance angiography of the spinal canal is considered medically necessary in individuals with known cases of spinal cord arteriovenous (AV) fistula or AV malformation. It is considered investigational in all other indications. Therefore, for the above reasons, the medical necessity of MRI angiography for this patient has not been established.