

Case Number:	CM13-0048051		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2002
Decision Date:	02/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 and is licensed to practice in 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 49-year-old female who reported an injury on 05/07/2002. The patient is diagnosed with discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity in the lumbar spine, abnormal posture/flexion antalgia, anxiety/depression syndrome secondary to chronic pain, and thoracic outlet syndrome/costoclavicular compression. The patient was seen by [REDACTED] on 09/12/2013. The patient reported 7/10 pain with poor sleep habit. Physical examination revealed limited lumbar range of motion; positive Kemp's testing on the left; positive Adson's and Wright's testing; and obliteration of the radial pulse. Treatment recommendations included an MRI/MRA/MRV of the bilateral brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI/MRA/MRV of the bilateral brachial plexus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter

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, Surgery for Thoracic Outlet Syndrome

Decision rationale: The Official Disability Guidelines state that surgical criteria for thoracic outlet syndrome require abnormal imaging studies. The patient's physical examination does not reveal objective evidence of thoracic outlet syndrome. There is positive Adson's testing; however, the guidelines do not recommend this test as it is not as specific as for thoracic outlet syndrome. Examination findings do not include any clinical findings of temperature changes, paresthesia or swelling. The medical necessity for the requested MRI with angiography and venography has not been established. Therefore, the requested services are not medically necessary or appropriate at this time.