

Case Number:	CM13-0048446		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2012
Decision Date:	06/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine 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:

The injured worker is a 66year old woman with hypertension who sustained a work-related injury on 2/6/12 that resulted in chronic neck, shoulder, low back and post-traumatic dystonia. She has had cervical spine surgery, physical therapy and evaluation by a neurologist. The treating primary chiropractor requested psychiatric evaluation, diagnostic scalene brachial plexus ultrasound with Doppler and right piriformis ultrasound after an evaluation dated 9/9/13. UR determination dated 10/8/13 declined these services as not medically necessary. During the encounter dated 9/9/13 with the primary treating chiropractor it is noted the injured worker is continuing to have head tremors, right sided low back and buttock pain, right sided cervical spine and shoulder pain with pain in the arm. She also complains of subjective decline in cognitive abilities with difficulty concentrating and focusing. The exam shows pain in the right shoulder with decreased range of motion of both shoulders right worse than left and the entire spine. Addson's test is positive, the right supraspinatus test is positive with impingement. Right grip strength is less than the left grip test. The diagnosis include post traumatic dystonia, cervical myelopathy with left upper extremity radiculopathy, left shoulder partial tear supraspinatus. The treating chiropractor refers to the pain specialist evaluation done 7/30/13. The pain specialist has diagnosed right piriformis syndrome and thoracic outlet syndrome. The imaging studies are requested to confirm this diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally recommended and accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In this case the patient has multiple symptoms that can be indicative of underlying depression including poor concentration, subjective cognitive decline and depressed mood with ongoing chronic pain issues. The primary treating physician is a chiropractor who is not able to treat depressive disorder. The psychiatric evaluation is medically necessary.

DIAGNOSTIC SCALENE BRACHIAL PLEXUS ULTRASOUND WITH DOPPLER FLOW STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com: Overview of thoracic outlet syndromes.

Decision rationale: The Expert Reviewer's decision rationale: According to Uptodate.com with regards to diagnostic work-up: Electrodiagnostic testing is required to establish the diagnosis of true neurogenic thoracic outlet syndrome (TOS). In contrast, the diagnosis of disputed neurogenic TOS is purely clinical, as there are no reliable objective laboratory findings. Arterial of venous duplex ultrasound are the diagnostic tests for vascular TOS. In this case the documentation does not support a suspicion for vascular TOS therefore a diagnostic scalene brachial plexus ultrasound with Doppler studies is not medically necessary.

RIGHT PIRIFORMIS ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Papadopoulos EC, Khan SN. Orhop Clin North Am. 2004;5(1);65Piriformis syndrome and low back pain: a new classification and review of the literature.

Decision rationale: The patient is suspected of piriformis syndrome and an ultrasound for diagnosis has been ordered. According to Orhop Clin Norh Am "piriformis syndrome is a common cause of low back pain. Imaging modalities are rarely helpful, but electrophysiologic studies should confirm the diagnosis. Ultrasound does not play a role in diagnosis. The ultrasound of the piriformis muscle is not medically necessary.