MAXIMUS Federal Services

| Case Number: | CM13-0072626 | | |
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| Date Assigned: | 05/07/2014 | Date of Injury: | 06/03/2011 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

## 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 Internal Medicine, and is licensed to practice in California. 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 an injured worker status post cervical spine surgery, DOI 06-03-2011. Neurosurgical consultation dated November 4, 2013 was reported by [redacted]. Interim history: The patient has no axial neck pain; however, the pain radiates from the left supraclavicular area into the left hand that has been associated with a numbness and tingling sensation in the ulnar distribution and also the patient complains of weakness in the left hand. Elevation of the left arm will cause increased weakness and numbness sensation of the left hand. Physical examination: The patient has normal strength of the right hand and the strength of the left finger flexors and intrinsic muscles of the left hand are 4 +/5. There is also sensory loss in the left first and the fourth and fifth fingers. Deep tendon reflexes are symmetric and the gait is normal. There is severe muscle spasm in the left trapezius muscle. The patient has a positive Tinel's sign in the region of the left brachial plexus. In fact, the pain will radiate into the patient's left trapezius muscle and the left shoulder joint. The Adson's and the wrist testing including the brachial plexus stress testing were positive on the left side. Elevation of the left arm will cause increased weakness and numbness sensation of the left arm and hand. Diagnostic impression: Left thoracic outlet syndrome status post anterior cervical discectomy and fusion at C5-6 and C6-7 on April 17, 2013. Discussion and treatment plan: The patient presents with neck pain in the supraclavicular area that radiates into the left hand and has been associated with weakness and numbness sensation of the left hand. The patient has a positive Tinel's sign in the region of the left brachial plexus. The pain radiates into the patient's left trapezius muscle region and the left shoulder joint. Elevation of the left arm will increase the symptoms, especially when the patient is driving the patient will experience numbness and tingling sensation of his left arm and hand. Based on these clinical findings, I am requesting authorization for the patient to be seen by [redacted] for a consultation, ultrasound, and injection

of the scalenus anterior muscle on the left side. [redacted] is a specialist in the treatment of thoracic outlet syndrome. I am also requesting authorization for the patient to have an EMG and nerve conduction studies of the neck and left upper extremity with [redacted]. Authorization for consultation with [redacted] and ultrasound examination including the injection in the left scalenus anterior muscle is requested including the EMG and nerve conduction studies of the neck and left upper extremity. The patient had x-rays of the cervical spine and flexion and extension views that show no evidence of instability and there is a complete fusion at C5-6 and C6-7. The plate from C5 to C7 is intact. There is no evidence of any type of hardware failure or fracture of the screws. Utilization review was dated 11-25-2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND AND INJECTION SCALENE MUSCLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200-201, 203, 205, 211-212. Decision based on Non-MTUS Citation Official Disability GuidelinesODGShoulder (Acute & Chronic)Anterior scalene block.

**Decision rationale:** Neurosurgical consultation dated November 4, 2013 reported a diagnosis of thoracic outlet syndrome (TOC). Thoracic outlet syndrome diagnosis was first made 11-04-2013. There was no documentation of a conservative program of global shoulder strengthening (with specific exercises) and ergonomic changes. There was no documentation of scalene-stretching and trapezius-strengthening exercises. MTUS and ACOEM guidelines for thoracic outlet syndrome (TOS) indicate: Tests for TOS are of questionable value. If response to exercise is protracted, anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms, and as an adjunct to diagnosis. Official Disability Guidelines (ODG) indicate: Anterior scalene block is recommended if response to exercise is protracted. Arterial ultrasound TOS testing is not recommended. Therefore, the request for Ultrasound and Injection Scalene Muscle is not medically necessary.