

Case Number:	CM14-0101843		
Date Assigned:	07/30/2014	Date of Injury:	02/20/2014
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 2/24/14 note indicates pain in the cervical and lumbar region. There was no numbness, tingling, or weakness of extremities noted. There is pain radiating into the shoulders. Examination noted strength as 5/5 throughout, with normal reflexes. There was bilateral tenderness of the cervical paraspinal muscles. The 4/25/14 note indicated increased pain with discoloration in the hands and feeling of coldness. On examination there was discoloration of the finger tips with hands being cold and numb. Concern for thoracic outlet syndrome was raised. The 4/4/14 orthopedic note indicated pain in the neck and radiation into the shoulder. Examination noted sensation was slightly decreased and diffuse in the right hand. Strength was normal in the upper extremities. The 5/23/14 note indicated pain and numbness in the right hand. The insured reports the right arm as tingling. There was decreased sensation in the entire right hand with tingling and strength was 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Neurography bilateral brachial plexus/thoracic outlet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 211-212.
Decision based on Non-MTUS Citation <http://physical-therapy.advanceweb.com/Article/Evaluation-and-Treatment-for-Thoracic-outlet-syndrome.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, MRI. Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007) Indications for imaging MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit.

Decision rationale: The medical records provided for review do not indicate any positive provocative tests in support of thoracic outlet syndrome and there is no electrodiagnostic testing supportive of brachial plexus pathology. There is no history to suggest tumor or inflammatory process of the plexus. As such, MR Neurography bilateral brachial plexus/thoracic outlet is not medically necessary.