MAXIMUS Federal Services

Case Number:	CM14-0028997		
Date Assigned:	06/16/2014	Date of Injury:	02/01/2011
Decision Date:	08/05/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 2/1/11. The mechanism of injury was not provided within the medical records. The clinical note dated 2/4/14 indicated that the injured worker had chronic bilateral shoulder pain and bilateral upper extremity pain. The injured worker reported throbbing pain in his left upper arm and pain in his left shoulder. The injured worker reported a cold sensation and numbness in all digits of the left hand. The injured worker reported he intermittently dropped objects. The injured worker reported he had continued with the home exercise program and tried to return to work cleaning carpets, gardening, and landscaping, but all of these jobs have aggravated his pain. The injured worker reported he was not taking any medication. On physical examination, there was atrophy in the anatomical snuff box on the left. The injured worker had weakness with wrist flexion and intrinsic muscles of the left hand. The injured worker's reflexes were trace biceps and triceps bilaterally and 2+ brachioradialis reflexes bilaterally. The unofficial EMG dated 12/11/13 revealed an abnormal electrodiagnostic study of bilateral upper limb, left brachial plexopathy, bilateral sensory and motor median neuropathy with axonal loss, left ulnar sensory and motor unresponsive, and right ulnar sensory and motor neuropathy with axonal loss. The injured worker's prior treatments have included physical therapy and medication management and diagnostic imaging of an EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 MRI OF BRACHIAL PLEXUS BILATERALLY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red flag conditions are ruled out. The Official Disability Guidelines state that MRI 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. The guideline indications for neck and upper back imaging include chronic neck pain (after three months conservative treatment), normal radiographs, 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 or known cervical spine trauma: equivocal or positive plain films with neurological deficit; upper back/thoracic spine trauma with neurological deficit. The documentation submitted did indicate the injured worker has tried conservative therapy and continues to have bilateral upper extremity pain. In addition, the injured worker's exam revealed weakness with wrist flexion and intrinsic muscles of the left hand, including trace biceps and triceps reflexes bilaterally. Moreover, the clinical note indicated the injured worker's anatomical snuff box is atrophied. Given the information above, including the injured worker's abnormal EMG, the request for MRI of the brachial plexus is medically necessary.