

<b>Case Number:</b>	CM14-0051610		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/31/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Nevada. 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 records presented for review indicate that this 45-year-old female reportedly injured on October 31, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 6, 2014, indicates that there are ongoing complaints of right sided neck pain that radiates to the trapezius muscle and to the right hand causing numbness and weakness. There is also a complaint of headaches. The physical examination demonstrated 3+/5 muscle strength with finger flexion of the right hand. Sensory loss was noted in the right-hand especially along the ulnar aspect. There was a positive Tinel's sign at the right to brachial plexus. Adson's testing and Roos testing including brachial plexus stress testing was positive on the right side. Elevation of the right arm caused increased weakness and Unum sensation of the right hand. Diagnostic imaging studies of the cervical spine noted a loss of disc height at C4/C5, C5/C6 and C6/C7 with a loss of cervical lordosis. There was a disc protrusion at C3/C4 and C4/C5 resulting in moderate central canal stenosis. There was slight cord compression at C4/C5, C5/C6, and C6/C7. Nerve conduction studies of the upper extremities were unremarkable. A request had been made for an ultrasound of the right brachial plexus and a diagnostic injection the right anterior scalene muscle and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound exam, R 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) - Arterial ultrasound TOS testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Ultrasound, Diagnostic, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines a diagnostic ultrasound of the brachial plexus is not recommended. It is stated that in an uncomplicated case of back pain it would be experimental at best. For this reason this request for an ultrasound exam of the right brachial plexus is not medically necessary.

**Diagnostic injection, R scalenus anterior muscle:** 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, Nerve Blocks, Updated July 29, 2014.

**Decision rationale:** According to the Official Disability Guidelines a nerve block is a safe and efficacious treatment for shoulder pain; however the attached medical record does not indicate that the injured employee has participated in previous less invasive treatments such as physical therapy. Considering this, the request for a diagnostic injection of the right scalene anterior muscle is not medically necessary at this time.