

<b>Case Number:</b>	CM14-0052584		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Vascular Surgery, 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 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 patient is a 50 year old female who sustained an injury 09/26/2011 while performing her usual and customary work related duties. The patient was treated conservatively with physical therapy and home exercise program. The patient underwent left interscalene brachial plexus block under the ultrasound guidance and cervical sympathetic block with Endosan treatment on 02/21/2014. Progress report dated 02/04/2014 states the patient presented with complaints of recurrent left neck, shoulder and upper back pain which could be described as aching, annoying, and radiating. She rated her pain as 6-9/10. She has received a left interscalene block in the past with good relief. Objective findings on exam revealed moderate tenderness to deep palpation in the anterolateral aspect of the neck bilaterally with diffuse tenderness in the posterior cervical neck, superior and medial aspect. There is a mild degree of sensory deficit over the lateral 2 fingers bilaterally. Adson's test is positive bilaterally as well as Tinel's and Phalen's tests. The patient is diagnosed with bilaterally thoracic outlet syndrome, myofascial pain syndrome, rule out cervical disc disease, bilateral carpal tunnel syndrome, and depressive disorder with anxiety reaction. The patient is recommended for a consult for brachial plexus lesion. Prior utilization review dated 04/15/2014 states the request for Consult with vascular surgeon for a brachial plexus lesion is not certified based on the evidence submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with vascular surgeon for a brachial plexus lesion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index Shoulder Surgery for Thoracic Outlet Syndrome

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 7 Independent medical examinations and consultations, page(s) 503.

**Decision rationale:** This patient has a high likelihood of neurogenic TOS and should be evaluated by a vascular surgeon who is familiar with neurogenic TOS and performs surgery for this condition. Based on the review of the medical records, including the criteria used for the original denial of services, the clinical documentation stated above indicates a diagnosis of TOS, and the request is medically necessary.