

Case Number:	CM15-0139301		
Date Assigned:	07/29/2015	Date of Injury:	08/28/2011
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 28, 2011. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for an MR angiogram to rule out thoracic outlet syndrome. The claims administrator referenced a June 29, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a June 29, 2015 progress note, the applicant reported ongoing complaints of neck, low back, and bilateral shoulder pain. It was stated that the applicant was considering neurosurgery and/or thumb sesamoid bone excision surgery. The applicant reportedly had complaints of right upper extremity weakness and numbness in the C6 distribution. An MR angiogram was sought to "rule out thoracic outlet" syndrome. The attending provider stated that the applicant was a serious candidate for spine surgery. The attending provider did not state how the proposed MR angiogram would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Angiogram (R/O thoracic outlet syndrome): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214; 212; 201.

Decision rationale: No, the request for an MR angiogram to rule out thoracic outlet syndrome is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purposes without surgical indications is deemed "not recommended". While the MTUS Guideline in ACOEM Chapter 9, page 212 does acknowledge that magnetic resonance angiography with flow study is advisable before considering surgery for thoracic outlet syndrome, i.e., one of the operating diagnoses present here, the attending provider did not explicitly state that the applicant was in fact considering or contemplating any kind of surgical intervention for purported thoracic outlet syndrome in his June 29, 2015 progress note. Rather, the attending provider stated that he was ordering MR angiography of the thoracic outlet to "rule out thoracic outlet syndrome". It did not appear, thus, that either the attending provider or the applicant had any clearly formed intention of acting on the results of the magnetic resonance angiogram in question. The MTUS Guideline in ACOEM Chapter 9, page 201 further notes that tests for thoracic outlet syndrome, as a whole, are of "questionable value". The attending provider failure to outline whether the applicant was or was not actively considering surgery for thoracic outlet syndrome, coupled with the ACOEM position in Chapter 9, page 201 to the effect that testing for thoracic outlet syndrome is of questionable value, did not, in short, make a compelling case for the request in question. Therefore, the request is not medically necessary.