

Case Number:	CM15-0162998		
Date Assigned:	08/31/2015	Date of Injury:	02/06/2013
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 2-6-2013. The injured worker was diagnosed as having cervical spine strain and sprain, herniated cervical disc with radiculitis, radiculopathy, left shoulder strain and sprain, tendinitis, impingement, mid back strain and sprain. The request for authorization is for: arterial venous Doppler for thoracic outlet syndrome. The UR dated 8-12-2015: Non-approved the request for arterial venous Doppler for thoracic outlet syndrome. On 1-5-2015, he reported neck pain and stiffness and that he woke up that morning with a headache. He also reported low back pain with radiation into the left lower extremity. The provider noted tightness and spasms in the upper back, shoulder and neck areas. On 3-16-2015, he is noted to have a work status of temporarily totally disabled. He reported that his pain was getting worse. He indicated he had burning type pain "throughout" his back with radiation into the left lower extremity down to the foot. He also reported shoulder pain with radiation into the left arm, and sleeping difficulties. Physical findings revealed cervical spine foraminal compression and spurling's testing were noted to be positive. The provider indicated there was tightness and spasms in the trapezius, sternocleidomastoid, and straps muscle bilaterally. On 7-13-2015, he reported increased left shoulder pain and indicated he felt that his shoulder was "about to pop out". He also reported increased neck pain. Physical findings revealed tightness and spasms in the neck and low back regions per report. The treatment and diagnostic testing to date has included: acupuncture, ganglion blocks, and medications that included: Ativan, Oxycodone IR, Oxycontin, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arterial venous doppler for thoracic outlet syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, 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) Shoulder chapter under Arterial Ultrasound TOS Testing.

Decision rationale: Based on the 7/13/15 progress report provided by the treating physician, this patient presents with increased left shoulder pain that "feels as though it is about to pop out," increased cervical spine pain. The treater has asked for Arterial venous doppler for thoracic outlet syndrome but the requesting progress report is not included in the provided documentation. However, in 12/18/14 report, treater states the test is "for left thoracic outlet syndrome." The request for authorization was not included in provided reports. The patient also complains of lumbar spine pain that radiates down to his right foot with needling sensation at bottom of his foot per 5/1/15 report. The patient is s/p ganglion blocks which failed to provide relief per 7/13/15 report. The patient rates his overall pain as 8-9/10 on VAS scale per 6/8/15 report. The patient's symptoms are increasing and even the simplest activities cause him to be in pain per 5/1/15 report. The patient's work status is temporarily totally disabled per 7/13/15 report. ODG guidelines, Shoulder chapter under Arterial Ultrasound TOS Testing: Not recommended. Clinical tests for vascular thoracic outlet syndrome (vTOS) generally incorporate shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER). The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown. Arterial evaluation using Doppler ultrasound has been suggested. The heterogeneous response of asymptomatic individuals with no past history of TOS symptoms raises uncertainty of the validity of positive test responses from extreme arm positions. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore it is imperative that clinical decision is not based on these test outcomes alone. Further research is required to determine the cause of heterogeneous responses in asymptomatics and discover means to improve test specificity. (Stapleton, 2009) The treater requests arterial venous Doppler in 12/18/14 report, stating that it is "for left thoracic outlet syndrome." Utilization review letter dated 8/12/15 denies request without a specific rationale, citing ODG shoulder chapter under arterial ultrasound TOS testing. ODG states that arterial ultrasound TOS testing is not recommended, as the effect of these tests on blood flow characteristics are unknown, and the heterogeneous response of asymptomatic individuals with no history of TOS symptoms raises uncertainty of the validity of positive test responses from extreme arm positions. The requested arterial evaluation is not supported by the ODG guidelines. The request IS NOT medically necessary.