

<b>Case Number:</b>	CM15-0198446		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: 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 injured worker is a 31 year old male who sustained an industrial injury 08-10-10. A review of the medical records reveals the injured worker is undergoing treatment for bilateral persistent - recurrent carpal tunnel syndrome, muscle contraction headaches, anxiety related sleep disturbance, and rule out vascular thoracic outlet syndrome. Medical records (05-05-15) reveal the injured worker complained of continue anxiety, stress, and depression, headaches, sleep difficulty, bilateral upper back and shoulder pain radiating into his hands, low back pain radiating to the legs, "pain in other joints" due to ambulation with a cane, as well as numbness and tingling in the lower extremities. The physical exam (05-05-15) reveals the injured worker is unable to sit in a chair for a prolonged period. He utilizes a cane and a back brace immobilizer, which he wears for several hours per day. Range of motion is limited in the cervical and lumbar spines as well as the shoulders, and tenderness to palpation is noted in the bilateral sternocleidomastoid musculature. Prior treatment includes bilateral carpal tunnel releases, lumbar epidural steroid injections, home exercise program, physical therapy, psychological treatments, medications including Oxycodone, morphine sustained release, Keppra, trazadone, Zanaflex, Ultram, cyclobenzaprine, Sertraline, Paroxetine, clonazepam, Percocet, Nortriptyline, Zofran, and Lorazepam. The AME provider (05-05-15) reports the injured worker was unable to tolerate a MRA of the thoracic outlet due to claustrophobia. The AME provider (05-05-15) reports that electrodiagnostic and nerve conduction studies for the upper extremities ruled out a neurogenic thoracic outlet syndrome. The AME provider (08-17-15) notes that the injured worker may be able to tolerate the MRA of the thoracic outlet with the aid of an anti-anxiety

medication. The original utilization review (09-10-15) non-certified the request for a MRA of the thoracic outlet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Magnetic resonance arthrogram (MRA) of the thoracic outlet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 6/25/15) Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Arteriography/ Angiography/CTA Section.

**Decision rationale:** In this case, it is unclear if the provider is requesting a magnetic resonance arthrogram or angiogram. Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. Per the ODG, magnetic resonance angiography is recommended if extremity vascular trauma is suspected. Arteriogram studies of the upper extremities are performed to evaluate upper extremity arterial injuries. Traditionally, conventional arteriography is the diagnostic modality of choice to evaluate for arterial injury, but CTA (computed tomographic angiography) is an effective alternative to conventional arteriography in assessing extremity vascular trauma. In this case, an EMG ruled out neurogenic thoracic outlet syndrome. A previous MRA of the thoracic outlet was approved however the AME provider (05-05-15) reports the injured worker was unable to tolerate a MRA of the thoracic outlet due to claustrophobia. Additionally, there is a lack of findings on physical examination to point to a diagnosis of vascular thoracic outlet syndrome therefore, the request for magnetic resonance arthrogram (MRA) of the thoracic outlet is determined to not be medically necessary.