

<b>Case Number:</b>	CM15-0208946		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 41 year old male, who sustained an industrial injury on 8-20-2014. The injured worker is undergoing treatment for: neck and low back pain with lower extremity radiculopathy, brachplexopathy on left. On 9-24-15, he reported pain to the neck, headaches and radiation into the left upper extremity which he rated 9 out of 10; low back pain with radiation into the left hip and lower extremity rated 8-9 out of 10; left hip pain rated 8 out of 10. Objective findings revealed his blood pressure was 152 over 105 in the right arm, 150 over 103 in the left arm, decreased deep tendon reflexes in the neck, cervical and suboccipital muscle spasms, decreased range of motion of the neck, positive cervical compression, positive hoffmans on the left, romberg's position unstable, loss of sensation at C4-5 and C5-6 nerve distribution, decreased muscle strength, decreased range of motion of the forearm and hand on the left, decreased lumbar range of motion, loss of sensation in L4-5 nerve distribution on left, atrophy of left calf, positive bilateral straight leg raise and positive left braggard's testing, positive Patrick faber for low back only, restricted left hip range of motion, note of dragging his leg, and difficulty standing from seated position. The treatment and diagnostic testing to date has included: lumbar surgery (date unclear), magnetic resonance imaging of the cervical spine (2-10-15), x-rays of the neck and lumbar spine (date unclear), medications. Medications have included: Norco, cyclobenzaprine, ibuprofen, naproxen, tramadol. Current work status: temporarily totally disabled. The request for authorization is for: ultrasound of the left brachial plexus. The UR dated 9-30-2015: non-certified the request for ultrasound of the left brachial plexus.

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

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

**Ultrasound left brachial plexus:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic Ultrasound.

**Decision rationale:** CA MTUS does not address the use of diagnostic ultrasound for the shoulder. ODG does address this and indicates that ultrasound may have limited utility in assessing rotator cuff tears. There is no indication that ultrasound is an appropriate diagnostic testing modality for brachial plexus injuries. The ultrasound of the brachial plexus is not medically necessary.