

Case Number:	CM15-0212417		
Date Assigned:	11/02/2015	Date of Injury:	10/27/2011
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male who sustained an industrial injury on 10-27-11. Medical records indicate that the injured worker has been treated for posttraumatic piriformis syndrome, worse on the right; cervical radiculopathy; pudendal neuralgia bilaterally, worse on the right; depression, secondary to chronic pain syndrome; right thoracic outlet syndrome. He currently (9-8-15) is post-surgical decompression of the left sciatic and pudendal nerve (7-22-15) and complains of pain in the right supraclavicular area that radiates to the right hand associated with weakness and numbness of the right hand. The physical exam revealed a positive Tinel's sign in the region of the right brachial plexus, the Adson and Roos testing including the brachial plexus were positive on the right side. X-rays of the cervical spine demonstrated anterior cervical fusion with anterior instrumentation at C5-6 (per the 4-21-15 progress note). Treatments to date include OxyContin, MS Contin, Valium, Viagra. In the 9-8 15 progress note the treating provider requested an MRI of the brachial plexus. The request for authorization dated 9-23-15 was for MRI of upper extremity; MRI of bilateral shoulders. On 9-29-15 Utilization Review non-certified the requests for MRI of upper extremity; MRI of bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (Magnetic Resonance Angiography) of the upper extremity without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, Medical History, General Approach, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines support the use of MRA as part of the worker's assessment in cases of recent onset thoracic outlet compression syndrome when treatment with surgery is being considered. The submitted and reviewed documentation reported the worker was experiencing pain in the scrotum and penis, lower back pain that went into the groin and legs, leg weakness, and neck pain. There was no discussion suggesting a condition such as that listed above, indicating the worker was a candidate for surgery, or describing special circumstances that sufficiently supported this request. Further, the request did not specify which shoulder was to be imaged. For these reasons, the current request for a MRA of an unspecified arm without contrast is not medically necessary.

MRI (Magnetic Resonance Imaging) of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was experiencing pain in the scrotum and penis, lower back pain that went into the groin and legs, leg weakness, and neck pain. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of both shoulders is not medically necessary.