

Case Number:	CM15-0045408		
Date Assigned:	03/17/2015	Date of Injury:	10/19/2012
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii

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 37 year old female, who sustained an industrial injury on 10/19/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post anterior cervical discectomy and fusion due to cervical spondylosis (9/9/2004). Treatment to date has included epidural steroid injection, surgery and medication management. Currently, a progress note from the treating provider dated 1/28/2015 indicates the injured worker reported chronic neck and mid back pain that radiated to the bilateral upper extremities had improved since surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity Doppler ultrasound: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand, Ultrasound (diagnostic).

Decision rationale: The patient presents status post anterior cervical discectomy and fusion due to cervical spondylosis (9/8/14) with current complaints of chronic neck and mid back pain that radiated to the bilateral upper extremities. The current request is for bilateral upper extremity Doppler ultrasound. The UR (3A) denied the requested and stated "the patient is not complaining of more thoracic pain than cervical pain. There has been no acute change in the neurological or vascular status of the patient. A possible tendon injury has not been addressed in the medical reports submitted." The treating physician states on 12/16/14 (B37) that the patient "is continuing to experience upper extremity symptoms. It has been opined in the past that she may be suffering from thoracic outlet syndrome. Several doctors apparently have made this conclusion. I informed (the injured worker) that such a diagnosis is very difficult to make, but that I may be able to assist her with an evaluation, at least initially. I will have to review my references to see the most appropriate algorithm for evaluation. I do anticipate that she will at least require a chest x-ray and potentially upper extremity ultrasounds bilaterally." The treating physician continues on 1/28/15 (B44) "I recommend that she undergo a chest x-ray to assess for any anatomical abnormalities in her ribs, as well as a bilateral upper extremity Doppler ultrasound to assess for abnormalities in blood flow." MTUS is silent with regards to ultrasounds. ODG states the following for Arterial ultrasound TOS testing: NOT Recommended. In this case, there is no guideline support for the requested bilateral upper extremity Doppler ultrasound. ODG currently supports ateriogram, venogram and electrodiagnostic testing for documentation of TOS. The current request is not medically necessary and the recommendation is for denial.