

<b>Case Number:</b>	CM15-0057582		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 49-year-old female, who sustained an industrial injury on 4/17/13. She reported a head and neck injury. The injured worker was diagnosed as having post-concussion syndrome and cervical spine musculoligamentous sprain/strain. Treatment to date has included oral medications and activity restrictions. Currently, the injured worker complains of pain in head with dizziness, nausea and blurred vision, constant neck pain and difficulty falling asleep. The injured worker states her pain is reduced with rest and activity modifications. Upon physical exam, minimal paraspinal tenderness is noted bilaterally at C5-6, C6-7 and C7-T1. The treatment plan consisted of request for brachial plexus Doppler ultrasound and somatosensory evoked potential testing of upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) brachial plexus Doppler ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, diagnostic (imaging). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Arterial Ultrasound/Doppler (TOS testing), page 904.

**Decision rationale:** There is a request for Doppler Ultrasound of the brachial plexus. MTUS is silent. However, ODG states the effect of the clinical test for vascular thoracic outlet syndrome (vTOS) incorporating shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER) on blood flow characteristics and the most effective arm positions for detecting arterial compromise are unknown as 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. Additionally, 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 and further research is required. Submitted reports have not demonstrated clear indication and clinical findings to support for this diagnostic procedure outside guidelines recommendations. The One (1) brachial plexus Doppler ultrasound is not medically necessary and appropriate.

**One (1) diagnostic somatosensory evoked potential testing of upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic); Aetna, 2006.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Electrodiagnostic studies, EEG/SSEP, pages 200-201.

**Decision rationale:** SSEP is not a widely recognized and accepted study to rule out for brachial plexopathy due to its unreliability and technical difficulties related to patient's participation and operators' skills. Per Official Disability Guidelines for Neck and Shoulder treatments, SSEP is only recommended as a diagnostic option for unexplained myelopathy in unconscious spinal cord injury patients not identified here. It is not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. Fewer diagnostic SSEP studies are being performed now than in the pre-MRI era. Submitted reports have not demonstrated clear indication or clinical findings to support for the specialized diagnostic study. The One (1) diagnostic somatosensory evoked potential testing of upper extremity is not medically necessary and appropriate.