

Case Number:	CM15-0085289		
Date Assigned:	05/07/2015	Date of Injury:	01/07/2008
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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

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 48 year old female, who sustained an industrial injury on 1/7/2008. She reported slipping and falling resulting in injury of the head, neck, bilateral shoulder, left wrist and hand, and right ankle. The injured worker was diagnosed as having status post C6-7 anterior cervical discectomy and fusion. Treatment to date has included medications, neck surgery, and electrodiagnostic studies. The request is for a magnetic resonance imaging for thoracic outlet syndrome. On 4/8/2015, she complained of headaches with photophobia, sonophobia, nausea and dizziness. She also reported neck soreness and stiffness, and pain of the left elbow, wrist and hand with associated numbness and tingling. Along with bilateral shoulder and right ankle pain. She indicated she was feeling worse. Her pain level is not rated. The records indicate electrodiagnostic studies completed on 7/11/2012 were within normal limits. The treatment plan included continuation of CPAP, and magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic outlet syndrome: 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) Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, thoracic outlet syndrome.

Decision rationale: The ACOEM, ODG and California MTUS do not address the requested service. The ODG states thoracic outlet syndrome refers to compression of neurovascular structures at the superior aperture of the thorax with a constellation of different symptoms. It does not indicate that MRI is necessary or indicated in the diagnosis or treatment. Therefore, the request is not certified.