

<b>Case Number:</b>	CM15-0115129		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 37 year old female who sustained an industrial injury on 10/16/2007 when she slipped and fell on grease in the meat department. The injured worker was diagnosed with left post-traumatic thoracic outlet syndrome and right thoracic outlet syndrome secondary to over-compensation syndrome. The injured worker underwent left shoulder external neurolysis, internal neurolysis of the upper, middle and lower trunks of the left brachial plexus, decompression of the left subclavian artery, decompression of the left long thoracic nerve, and suprascapular C8 and T1 spinal nerves in March 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, psychiatric and psychological evaluations and testing and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker was experiencing excruciating pain in the right side of the neck that radiated into the right arm and hand associated with weakness and numbness of the right hand. Examination demonstrated decreased motor strength 4+/5 of the left finger flexors and intrinsic muscles of the left hand. The right is documented at 4+/5. There was sensory loss to light touch and pinprick and two point discrimination in both hands and now more severe in the right hand especially in the 4th and 5th fingers. The injured worker had no left brachioradialis reflex; otherwise deep tendon reflexes were symmetric. A positive Tinel's sign was present in the region of the right brachial plexus. The Adson, Roos and brachial plexus testing were positive on the right and elevation of the right arm caused numbness and tingling in the right hand. Current medications are listed as Tylenol, Neurontin and Flexeril. Treatment plan consists of diagnostic injection of

the right scalenus muscle and the current request for Flexeril and an outpatient consultation with ultrasound of right brachial plexus.

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

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

#### **Outpatient consultation with ultrasound of right brachial plexus: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127, Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, outpatient consultation with ultrasound of right brachial plexus is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are left posttraumatic thoracic outlet syndrome; and right thoracic outlet syndrome secondary to overcompensation/overuse syndrome. The date of injury is October 16, 2007. According to a progress note dated May 18th 2015, the injured worker complains of pain on the right side of the neck that radiates to the arm with weakness and numbness sensation of the right hand. The treating provider recommends the injured worker returned to the primary treating provider for an ultrasound of the right brachial plexus. The treating provider requested an outpatient consultation with ultrasound of the right brachial plexus. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of the patient. As a result, the injured worker should be referred to the primary treating provider for consultation only. Any additional treatment will be determined based on the results of the consultation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the referral to the primary care treating provider for a consultation and ultrasound right brachial plexus is not medically necessary.

#### **Flexeril 5 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 5mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are left posttraumatic thoracic outlet syndrome; and right thoracic outlet syndrome secondary to overcompensation/overuse syndrome. The date of injury is October 16, 2007. According to a progress note dated May 18th 2015, the injured worker complains of pain on the right side of the neck that radiates to the arm with weakness and numbness sensation of the right hand. Objectively, there was no lumbosacral or upper back physical examination. The documentation included a neurologic evaluation. The documentation shows Flexeril 5 mg started October 21, 2014 according to a medical legal report dated March 3, 2015. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. Subjectively, the injured worker had complaints referable to the trapezius; however there were no objective findings documented in the medical record. Additionally, Flexeril is recommended for short-term (less than two weeks). Flexeril was started October 21, 2014 and continued through, at a minimum, May 18, 2015 (in excess of five months). Consequently, absent objective clinical documentation of spasm in the lower back and continued treatment in excess of five months, Flexeril 5mg #30 is not medically necessary.