

<b>Case Number:</b>	CM15-0067497		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/05/2001
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 50 year old female, who sustained an industrial injury, February 5, 2001. The injured worker received the following treatments in the past cervical botulinum toxin, Neurontin, Celexa, Zoloft, Flexeril, Percocet, Klonopin, Cervical spine MRI and physical therapy. The injured worker was diagnosed with thoracic outlet syndrome, cervical disc displacement, depression, left shoulder pain, anxiety, muscle spasms, cervical dystonia, anxiety and depression. MRI of cervical spine on 6/28/08 demonstrated midline disc bulge at C4-5 and focal disc protrusion on the right at C6-7 with slight impingement on the spinal cord. According to progress note of November 7, 2014, the injured workers chief complaint was left shoulder pain. The injured worker rated the pain 10 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was receiving botox injections for pain control. The treatment plan included an MRI of the left brachial plexus without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Left Brachial Plexus without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Elbow.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 268.

**Decision rationale:** Based on the clinic records reviewed, while there is evidenced of decreased shoulder range of motion and tenderness to palpation, there is lacking clinical documentation of significant functional deficits or neurological deficits at the brachial plexus that would suggest there is abnormal anatomy at the nerves of the brachial plexus. Additionally I did not see documentation of plain film (x-ray) of the area or that the patient had undergone physical therapy at the left shoulder area where the pain is present. Consequently I believe that based on the records reviewed MRI of the left brachial plexus is not medically necessary at this time.