
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

8/31/2003

7/15/2013

CM13-0001359

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI/MRA/MRV of the bilateral brachial plexus **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for specialized neurological evaluation of the brachial plexus **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI/MRA/MRV of the bilateral brachial plexus **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for specialized neurological evaluation of the brachial plexus **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

"The patient is a 60-year-old female with a date of industrial injury of 05/10/01. According to a clinic note on 06/04/13, there was mention of the patient having neck pain and exacerbation with radiation to the right upper extremity along with right hand numbness and tingling. It was also mentioned that therapeutic exercise and activity modification had failed to induce a meaningful improvement in her clinical condition in the last 3 or 4 days. It was noted that repetitive neck flexion, upper extremity activity, and any over-the-shoulder level activities induced a significantly increased pain along with difficulty sleeping. Also per the 06/04/13 note, the patient was listed as having an acute exacerbation of mechanical neck pain syndrome associated with cervical radiculopathy, complicated by ligament instability in the cervical spine, and complicated by signs and symptoms of thoracic outlet syndrome. The treatment plan was to do a specialized evaluation of the brachial plexus including MRI, MRA, and MRV studies of the brachial plexus as well as a neurology evaluation and that thoracic outlet syndrome/costoclavicular compression syndrome was mentioned as a compelling component driving the patient's continued symptomatology, functional limitations, and disability. According to the chiropractic clinic note on 06/11/13, there was mention of the patient also having an acute exacerbation of mechanical low back pain associated with discogenic sciatic radiculopathy, complicated by ligament instability in the lumbar spine. The treatment plan was to do a modified McKenzie therapeutic exercise protocol as well as a pain management evaluation. In a letter on 06/27/13, there was mention of the patient having acute exacerbation of mechanical neck pain syndrome associated with

cervical radiculopathy, complicated by signs and symptoms of thoracic outlet syndrome and ligament instability in the cervical spine and for the multiple studies to be obtained. The request is for (1) Specialized neurological evaluation of the brachial plexus. (2) MRI/MRA/MRV of the bilateral brachial plexus. I recommend an adverse determination."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/15/13)
- Utilization Review Determination (dated 7/2/13)
- Employee medical records from [REDACTED] DC (dated 6/8/12-6/29/13)
- Employee medical records from [REDACTED] MD (dated 7/12/13)
- Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5

1) Regarding the request for MRI/MRA/MRV of the bilateral brachial plexus:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 5, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 200-201, 211-212, which is part of the MTUS as relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 5/10/2001. The medical records provided for review indicate treatment has included pain medication, therapeutic exercises, activity modification, as well as diagnostic imaging and studies. The medical reports of 7/12/13 and 6/28/13 indicate diagnoses of cervical radiculopathy with thoracic outlet syndrome and ligament instability in the cervical spine. The request is for MRI/MRA/MRV of the bilateral brachial plexus.

MTUS ACOEM guidelines indicate that cause, diagnosis, and treatment of thoracic outlet syndrome are controversial and clinical findings of thoracic outlet syndrome may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. The medical records reviewed do not document how the brachial plexus workup would be helpful in the overall treatment plan since the diagnoses has already been established and confirmed by more than one provider. The request for MRI/MRA/MRV of the bilateral brachial plexus is not medically necessary and appropriate.

2) Regarding the request for specialized neurological evaluation of the brachial plexus:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Other Cited Literature: Wheelless' Textbook of Orthopaedics, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 200-201, which is part of the MTUS, as relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 5/10/2001. The medical records provided for review indicate treatment has included pain medication, therapeutic exercises, activity modification, as well as diagnostic imaging and studies. The medical reports of 7/12/13 and 6/28/13 indicate diagnoses of cervical radiculopathy with thoracic outlet syndrome and ligament instability in the cervical spine. The request is for specialized neurological evaluation of the brachial plexus.

MTUS ACOEM guidelines state that a referral to a specialist would be recommended if invasive treatment is entertained as an option once all other diagnoses have been ruled out and Thoracic Outlet Syndrome is suspected. The medical records reviewed document that the diagnosis has been firmly established as early as October, 2009. The medical records also indicate there has been a flare-up of symptoms, with acute exacerbation of mechanical neck pain, with cervical radiculopathy and ligament instability with no documentation detailing invasive treatment is being considered which would meet guideline criteria for a neurological evaluation. The request for specialized neurological evaluation of the brachial plexus is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.