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| <b>Case Number:</b>   | CM13-0032353 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 08/15/2005 |
| <b>Decision Date:</b> | 01/29/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in Maryland and Washington, DC. 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 physician 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/services.

### 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 claimant is a 54 year old female with date of injury of 8/15/05. The mechanism of injury was work related stress, which caused anxiety, hypertension, kidney disease, and Crohn's disease. She was diagnosed with malignant hypertension, and had multiple hospital admissions over the years, mostly for hypertensive crises, and sometimes for complications of Crohn's disease. Her past history includes a variety of conditions including malignant hypertension, hypothyroidism, diabetes mellitus, autoimmune vasculitis, anemia, on IV iron, malabsorption, depression, vitamin B12 and D deficiency, rectovaginal and rectovesical fistulas, congestive heart failure, repeated hospital admissions for hypertensive crises, hypertensive retinopathy, chronic kidney disease, and status post AICD placement. In July 2013, she was admitted at [REDACTED] for a hypertensive crisis, and was treated with multiple doses of intravenous medications. She was subsequently transferred to CCU and treated with nitroglycerin drip. Her blood pressure continued to stay elevated with resultant acute kidney injury. She was discharged home after her blood pressure improved. She subsequently saw [REDACTED] in August 2013; her blood pressure was again elevated at 164/98 mm of Hg. She was noted to be on multiple medications including Lasix, Levaquin, Flagyl, Vitamin D, Lopressor, Bisoprolol, Catapres, Cardizem, Diovan, Lotrel, Imdur, Canasa, Lovaza, Pentasa, Klor, Magnesium Ferrous sulphate, Prevacid, Clarinex, Tylenol #3, Zoloft, Klonopin, Seroquel, Venlafaxine, Fosamax and several topical treatments. On examination she was noted to have clear lungs, soft abdomen, and no edema. Her labs included a creatinine of 1.5 and a BUN of 25. Her treatment that day included Doxycycline. In addition, her evaluation included renal artery duplex ultrasound, urine studies for VMA and metanephrines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one renal artery duplex ultrasound or ultrasound exam of the abdomen to include the back wall component:** Overtuned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harvin HJ, Casalino DD, Remer EM, Bishoff JT, Coursey CA, Dighe M, Eberhardt SC, Goldfarb S, Lazarus E, Leyendecker JR, Lockhart MD, Majd M, Nikolaidis P, Oto A, Porter C, Ramchandani P, Sheth S, Vikram R, Expert Panel on Urologic Imaging. ACR Appropriateness Crit

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology guidelines for renal artery sonography.

**Decision rationale:** A review of the California Chronic Pain Medical treatment guidelines, the ACOEM, and the Official Disability Guidelines did not produce relevant information regarding the necessity of renal artery Doppler for hypertension; therefore, the American College of Radiology guidelines for the performance of native renal artery duplex sonography were referenced. According to the guidelines, ultrasound using grayscale imaging, Doppler spectral analysis, and color Doppler imaging is a proven and useful procedure for evaluating the renovascular system. Indications include evaluation of patients with hypertension, particularly when there is a moderate to high suspicion of renovascular hypertension. Documentation that satisfies medical necessity includes signs and symptoms and/or relevant history. In this case, the patient's blood pressure was uncontrolled, despite being on multiple medications. She had not had a prior renovascular hypertension work-up per the treating provider's progress report. She has indication for screening due to the presence of uncontrolled malignant hypertension with recent worsening of kidney injury. Therefore, the request for renal artery duplex is medically appropriate.