

<b>Case Number:</b>	CM13-0057839		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Family Practice 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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old-female who is diagnosed with degenerative lumbar/lumbosacral disease, displaced intervertebral disc, lumbosacral spondylosis, arthrodesis status, removal of internal fixation device, thoracic/lumbar neuritis/radiculopathy, sacroiliitis, sprain/strain of sacroiliac, other joint derangement. The patient was seen on 01/14/2014 for a follow-up visit with complaints of lower back pain along with bilateral leg symptoms. The patient notes back pain is constant with radiation of the pain from her lower back up to upper lumbar region as well as radiation of the pain from her lower back to her buttocks which continues down both of her legs and extends to her feet. The patient also notes that she experiences occasional numbness and tingling in both of her legs which is associated with her lower back. The patient reports her left leg symptoms are constant and her right leg symptoms are intermittent. The patient is utilizing a cane for ambulation frequently due to her lower back and her bilateral leg symptoms. The patient's current medication regimen is Norco 10/325 mg, gabapentin, Valium, Zoloft, and Xanax. No dosage or frequency noted in the documentation. Upon exam, physician noted the gait is relatively normal with a slow cadence and short stride bilaterally. Lumbar spine range of motion shows flexion 60 degrees, extension of 5 degrees, rotation of 30 degrees, and lateral bending of 10 degrees. There is moderate tenderness over the surgical scar over the lumbosacral junction with mild to moderate tenderness towards the thoracolumbar junction in the midline. On exam, the lower extremities motor strength testing demonstrates grade 5 strength without any neurological deficits. Straight leg raise maneuver in the sitting position to 75 degrees causes some mild hamstring pain and some slight lower back pain as well as some bilateral leg pain which may, in fact, be radicular in nature. There was an MRI of the spine, no date noted, which identified instability at L1-2. There is, as part of the plan, a request for Doppler ultrasound to verify flow to the bilateral lower extremities, as the patient is looking at surgery as an option.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Doppler ultrasound bilateral lower extremities QTY: 2: 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), Chapter: Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee, Venous Thrombosis.

**Decision rationale:** The patient is a 66-year-old female with diagnoses of multilevel degenerative disc disease, discogenic disease plus spondylosis of the lumbar spine at all the lumbar levels status post the combined anterior plus posterior decompression and fusion from L3-S1 status post hardware removal associated with bilateral lower extremity radiculitis and apparent sacroiliac joint dysfunction and possible arthritis as well as instability at L1-2, per the MRI. The patient is noted with lower back pain which is constant with a radiation of the pain from her lower back to her buttocks which continues down both her legs and extends to her feet. The patient also does note occasional numbness and tingling in both of her legs which is associated with her lower back. The California and ACOEM Guidelines do not address ultrasound. The Official Disability Guidelines do note for venous thrombosis. The Guidelines do recommend an ultrasound for patients with suspected deep vein thrombosis of the lower extremities. The diagnosis does not show any signs or symptoms noted in the documentation that would show need or benefit from the diagnostic test of the ultrasound to be done at this point. The documentation provided does not show that necessity has been established for the Doppler ultrasound of the bilateral lower extremities at this point. Therefore, the request for ultrasound of the bilateral lower extremities is non-certified.