

Case Number:	CM14-0158044		
Date Assigned:	10/01/2014	Date of Injury:	10/14/2013
Decision Date:	11/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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:

This is a patient with a date of injury October 14, 2013. A utilization review determination dated August 28, 2014 recommends noncertification of "urgent thyroid ultrasound." A letter dated July 11, 2014 states that the patient has some L4-L5 pathology but not nearly as involved as L5-S1. The patient has exhausted nonoperative treatment and therefore warrants surgical intervention. A progress report dated May 29, 2014 identifies subjective complaints of progressive back and left leg pain. The patient has failed physical therapy and underwent an S1 nerve root block which did not help. Physical examination findings revealed positive straight leg raise. Diagnoses included degenerative spondylolisthesis at L5-S1, lumbar facet arthropathy, spinal stenosis, and left leg radiculopathy. The treatment plan recommends surgical intervention at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thyroid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thyroid ultrasound. Hegeds L. Endocrinol Metab Clin North Am. 2001 Jun;30(2):339-60, viii-ix

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthline.com/health/thyroid-ultrasound>

Decision rationale: Regarding the request for thyroid ultrasound, ACOEM and ODG contain no guidelines regarding this request. A search of the national guideline clearinghouse did not identify any peer-reviewed medical literature supporting preoperative thyroid ultrasound screening. Additionally, thyroid ultrasound is frequently pursued after performing screening lab work and physical examination. Within the documentation available for review, no physical examination findings or subjective complaints are documented related to the patient's thyroid. As such, the request for Thyroid Ultrasound is not medically necessary.