MAXIMUS Federal Services

Case Number:	CM14-0183144		
Date Assigned:	11/10/2014	Date of Injury:	08/01/2001
Decision Date:	12/26/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 67-year-old male with date of injury of 08/01/2001. The treating physician's listed diagnoses from 09/18/2014 are: 1. Gastroesophageal reflux disease, secondary to stress and NSAIDs 2. Diabetes mellitus, secondary to chronic pain and stress 3. Hypertension, secondary to chronic pain and stress 4. Left atrial enlargement 5. Hyperlipidemia, secondary to hypertension and diabetes 6. Obstructive sleep apnea, secondary to chronic pain and stress 7. Blurry vision 8. Mild anemia 9. Elevated lipase According to this report the patient notes that his gastroesophageal reflux disease is well controlled with medication. Patient claims his blood pressure averages 110/70 mmHg. He denies abdominal pain, chest pain, blurry vision and shortness of breath. Regular rate and rhythm of the cardiovascular system. No rubs or gallops appreciated. The 08/11 2014 report notes at transthoracic echocardiogram report from April 1, 2014 that showed normal left ventricular systolic function, left atrial enlargement and a trivial mitral and tricuspid valve regurgitation. The 08/04/2014 report references a cardio - respiratory diagnostic testing report from February 25, 2014 that showed, the patients present blood pressure is elevated at rest. Significant decrease in systolic and diastolic blood pressure suggesting possible risk of orthostatic hypotension. The records include an MRI of the lumbar spine from 04/17/2014, echogram from a 04/01/2014, urine drug screen from 05/15/2014 and progress reports from 02/25/2014 to 09/18/2014. The utilization review deny the request on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrisons Textbook of Internal Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.mayoclinic.org

Decision rationale: This patient presents with gastroesophageal reflux disease. The treater is requesting a carotid ultrasound. There is no discussion as to why this is being requested. Mayoclinic.org considers this test necessary for evaluation of HTN, DM, high cholesterol, family history of stroke or heart disease, recent TIA, or abnormal sound in carotid arteries heard by the doctor. The records do not show any previous carotid ultrasound. The utilization review denied the request stating that the cardiac exam is normal with no evidence of bruits, no significant abnormal examination that would support the request. The Echocardiogram from 04/01/2014 show left atrial enlargement and trivial mitral and tricuspid valve regurgitation the examination from 09/18/2014 show normal cardiovascular system. There are no rubs or gallops appreciated. Lungs are clear. The treater does not discuss why a carotid ultrasound is needed. No stroke or cardiac risk factors are discussed. MTUS page 8 require that the treating physician provide monitoring and make appropriate recommendations. The request is not medically necessary.