MAXIMUS Federal Services

| Case Number: | CM14-0045277 | | |
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| Date Assigned: | 06/27/2014 | Date of Injury: | 02/12/2010 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

## 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 Family Medicine and is licensed to practice in North Carolina. 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 59-year-old with a reported date of injury of 02/12/2010. The patient has the diagnoses of abdominal pain, constipation/diarrhea, gastroesophageal reflux disease secondary to NSAID use, status-post H. pylori treatment, diabetes mellitus, hypertension, left knee and lumbar spine injury, shortness of breath, sleep disorder, testicular pain, elevated liver function tests and diffuse fatty infiltration of the liver. A physical exam from the primary treating physician dated 03/06/2014 notes continued episodic abdominal pain in the left upper quadrant, constipation, diarrhea, testicular pain and poor sleep quality. The patient also reported trace bright red blood per rectum but no chest pain or dyspnea. The physical exam noted a blood pressure of 169/77 with normal pulmonary and cardiac exam with no mention of carotid bruits or neurologic deficits. A stress echocardiogram and carotid ultrasound were ordered with no clear indication except earlier notation as working up dyspnea for cardiac origins.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carotid Ultrasound for symptoms related to left knee and lumbar spine injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines low back disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Up to Date guideline on carotid ultrasound.

**Decision rationale:** This patient has no documentation of symptomatic carotid artery disease such as a carotid bruit, TIA or neurologic deficits. The United States Preventative Task Force recommends against screening for asymptomatic carotid artery stenosis in the general population. The American Heart Association/ American Stroke Association recommends against population screening for asymptomatic carotid artery stenosis. The American Heart Association, the American Stoke Association, the American College of Cardiology, the American College of Radiology and the Society for Vascular surgery advise that carotid duplex ultrasonography is not recommended for routine screening in asymptomatic patients who have no clinical manifestations. Based on the guidelines, the requested service is not medically necessary.