

Case Number:	CM14-0049995		
Date Assigned:	07/07/2014	Date of Injury:	04/15/2010
Decision Date:	08/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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:

The injured worker is a 36-year-old female who reported an injury on 04/15/2010 due to an unspecified mechanism of injury. The injured worker reportedly underwent surgical intervention, developed a pulmonary emboli, and left leg DVT. The injured worker's treatment history included hospitalization, angiogram with stent placement, and warfarin therapy. The clinical documentation submitted for review did not contain any clinical notes from the requesting provider on the IMR. The injured worker was evaluated on 02/13/2014. It was noted that the injured worker asked the requesting provider for an ultrasound and a stress test. Physical findings at that appointment included increased low back pain radiating into the right lower extremities with shortness of breath exacerbated by activity. Evaluation of the lungs revealed clear to auscultation and equilateral breath sounds, increased chest pain and catching in the chest and back with deep breaths, and a regular rate and rhythm of the heart. The injured worker's diagnoses included lumbar back pain, right lower extremity radiculopathy, status post right L5 hemilaminectomy, status post L5-S1 microdiscectomies times 2 and status post deep vein thrombosis with pulmonary emboli. A request was made for a venous duplex evaluation of CVI; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous duplex for evaluation of CVI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8482701>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/8482701> Noninvasive tests for venous insufficiency.

Decision rationale: The requested venous duplex for evaluation of CVI is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this type of imaging. An alternate resource, National Library of Medicines, indicates that venous duplex is the diagnostic study of choice for investigating chronic venous insufficiency. However, the clinical documentation submitted for review does not provide any physical or objective findings of pathology consistent with the diagnosis of chronic venous insufficiency. Therefore, the need for this diagnostic measure is not clearly established. Therefore, the requested venous duplex for evaluation of CVI is not medically necessary or appropriate.