

Case Number:	CM14-0051120		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2013
Decision Date:	09/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Practice and is licensed to practice in Texas and Georgia. 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 54-year-old female who reported an injury due to continuous trauma on 01/11/2013. On 03/18/2014, her diagnoses included abdominal pain; acid reflux secondary to NSAIDs, rule out ulcer/anatomical alteration (controlled with diet); diarrhea, rule out industrial causation; weight gain unsubstantiated; hypertension, rule out industrial causation; diabetes mellitus (diet controlled) and sleep disorder, rule out obstructive sleep apnea. She reported no change in weight or acid reflux, stress reduction, or seasonal allergy symptoms. She complained of abdominal pain rated at 6/10 to 7/10. Her average blood sugar was 105 mg/DL. Under diagnostic studies needed a carotid ultrasound was ordered. There was no rationale or request for authorization included in this injured worker's chart.

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
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1993944/>.

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: Standardized ultrasound evaluation of carotid stenosis for clinical trials: University of

Washington Ultrasound Reading Center Kirk W Beach*, Robert O Bergelin, Daniel F Leotta, Jean F Primozich, P Max Severeid, Edward T Stutzman and R Eugene Zierler, Cardiovascular Ultrasound 2010, 8:39.

Decision rationale: Although ultrasonic duplex Doppler methods are widely used in carotid artery diagnosis, there is disagreement about how the examinations should be performed and how the results should be validated. In clinical trials, a centralized reading center can unify the methods. Because the goals of research examinations are different from those of clinical examinations, screening and diagnostic clinical examinations may require fewer velocity measurements. Repair of carotid artery stenosis (carotid revascularization) has been shown to be effective in reducing the chance of embolic stroke from carotid plaque rupture and embolization to the brain. Clinical trials of carotid artery revascularization methods such as carotid endarterectomy and carotid artery stenting are in progress to provide guidance to clinicians about the choice of therapy. This worker does not have a diagnosis of carotid stenosis. The need for a carotid ultrasound was not clearly demonstrated in the submitted documentation. Therefore, this request for carotid ultrasound is not medically necessary.