

<b>Case Number:</b>	CM14-0063169		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55-year-old male who sustained injuries to his low back, left hip and knee on 12/10/04 while hand paving. Magnetic resonance image of the cervical spine reportedly revealed spinal cord signal changes on T2 weighted images without any spinal cord compressions; flexion/extension plain radiographs of the spine revealed no instability. Dynamic magnetic resonance image of the cervical spine; however, showed compression on extension; compression of the spinal cord was caused by dynamic annulus bulging and ligament of flavum buckling; the dominant maleons at both the lower cervical and entire lumbar spine; degenerative changes in the intervertebral disc significantly affect the kinematic patterns under postural load; dynamic bulging of intervertebral disc in the degenerative lumbar spine. An agreed medical examination supplemental report dated 01/13/14 reported that there are questions raise of obstructive sleep apnea and reflex sympathetic dystrophy, which the injured worker ultimately appears to say, did not occur.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D Echo:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Ultrasound, Diagnostic (Imaging).

**Decision rationale:** The request for 2D echo is not medically necessary. The previous request was denied on the basis that the injured worker's compensation diagnoses are to the low back, hip, and left knee. The medical doctor is requesting a 2D echo. A recent detailed physical examination of the neck has not been detailed. There is no evidence of carotid bruit or any significant abnormalities that would support the request for carotid ultrasound. Furthermore, the Official Disability Guidelines states that diagnostic ultrasound imaging of the neck is not recommended. In uncomplicated back pain, it use would be experimental at best. Given this, the request for 2D echo imaging is not indicated as medically necessary.

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Ultrasound, Diagnostic (Imaging).

**Decision rationale:** The request for carotid ultrasound is not medically necessary. The previous request was denied on the basis that the injured worker's compensation diagnoses are to the low back, hip, and left knee. The medical doctor is requesting a carotid ultrasound. A recent detailed physical examination of the neck has not been detailed. There is no evidence of carotid bruit or any significant abnormalities that would support the request for carotid ultrasound. Furthermore, the Official Disability Guidelines states that diagnostic ultrasound imaging of the neck is not recommended. In uncomplicated back pain, it use would be experimental at best. Given this, the request for carotid ultrasound imaging is not indicated as medically necessary.