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| Case Number: | CM14-0205666 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 04/06/2006 |
| Decision Date: | 02/18/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 employee was a 35 year old male who sustained an industrial injury when he stepped in a hole. His treatments have included functional restoration program, physical therapy, acupuncture, medications, epidural steroid injection X 3, facet joint injections, an independent gym program, individual psychotherapy and L5-S1 lumbar fusion on 08/06/10. The peer to peer call from 11/20/14 was reviewed. Current medications included Capsaicin cream, Ketamine cream, glucosamine chondroitin, Venlafaxine, Viagra, Omeprazole, Orphenadrine-Norflex ER, Hydrocodone-Acetaminophen and Gabapentin. Diagnoses included long term use of medications, unspecified major depression, psychogenic pain and lumbar disc displacement without myelopathy. A venous Doppler was recommended due to his family history of hypercoagulability. He was also moderately obese. He didn't have erythema, swelling or other objective signs of possible DVT. The progress note from 11/13/14 was reviewed. Subjective complaints included back pain increased lately. He was experiencing intolerable stomach upset as well as heartburn with the new Norco. He was having an increase in numbness/tingling and throbbing pain to his lower extremities bilaterally. He never received the Doppler ultrasound as recommended in his AME. On examination, he had antalgic gait, decreased sensation in left and right L4 dermatomes and left and right L5 dermatomes. He was suggested to get Doppler ultrasound to rule out DVT due to his increasing numbness, tingling and leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler Ultrasound, Bilateral Lower Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis

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.uptodate.com/contents/approach-to-the-diagnosis-and-therapy-of-lower-extremity-deep-vein-thrombosis?source=related_link#H21

Decision rationale: The employee was a 35 year old male who sustained an industrial injury when he stepped in a hole. His treatments have included functional restoration program, physical therapy, acupuncture, medications, epidural steroid injection X 3, facet joint injections, an independent gym program, individual psychotherapy and L5-S1 lumbar fusion on 08/06/10. The peer to peer call from 11/20/14 was reviewed. Current medications included Capsaicin cream, Ketamine cream, glucosamine chondroitin, Venlafaxine, Viagra, Omeprazole, Orphenadrine-Norflex ER, Hydrocodone-Acetaminophen and Gabapentin. Diagnoses included long term use of medications, unspecified major depression, psychogenic pain and lumbar disc displacement without myelopathy. A venous Doppler was recommended due to his family history of hypercoagulability. He was also moderately obese. He didn't have erythema, swelling or other objective signs of possible DVT. The progress note from 11/13/14 was reviewed. Subjective complaints included back pain increased lately. He was experiencing intolerable stomach upset as well as heartburn with the new Norco. He was having an increase in numbness/tingling and throbbing pain to his lower extremities bilaterally. He never received the Doppler ultrasound as recommended in his AME. On examination, he had antalgic gait, decreased sensation in left and right L4 dermatomes and left and right L5 dermatomes. He was suggested to get Doppler ultrasound to rule out DVT due to his increasing numbness, tingling and leg pain. The request was for bilateral venous Doppler of lower extremities. According to the article above, classic symptoms of DVT include swelling, pain and erythema of the involved extremity and signs of DVT may or may not include palpable cord, calf or thigh pain, unilateral edema and warmth/tenderness/erythema. Each of the above signs and symptoms is nonspecific and has low accuracy for making the diagnosis of DVT. The Well's score for DVT was 1 which signifies a moderate risk for DVT. Given the obesity and underlying family history of hypercoagulable state together with moderate pretest probability, the request for bilateral venous Doppler is medically necessary and appropriate.