

<b>Case Number:</b>	CM15-0102297		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 59 year old male, who sustained an industrial injury on 12/14/2007. Diagnoses include hypertension, gastroesophageal reflux disease (GERD), and constipation /diarrhea and sleep disorder. Treatment to date has included medications including Amlodipine, metoprolol, Lisinopril, Prilosec, Gaviscon, Gemfibrozil, Simvastatin, Aspirin, Flecainide, Sentra AM and Gabadone. Per the Secondary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported that his acid reflux is controlled. He reports no improvement in his sleep quality and no change in his palpitations. He still has occasional needle-like chest pain. Physical examination revealed heart with regular rate and rhythm; no rubs or gallops were appreciated. Lungs were clear to auscultation and extremities had no clubbing, cyanosis or edema. The plan of care included diagnostic testing and authorization was requested for a carotid ultrasound.

### 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.radiologyinfo.org/en/info.cfm?pg=screening-carotid>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Screening for asymptomatic carotid artery stenosis.

**Decision rationale:** This injured worker has no documented cardiac risk factors other than hypertension. He has a history of palpitations but no history or symptoms of stroke or TIA. The medical records do not substantiate the medical necessity of a carotid ultrasound in this injured worker. Therefore, the request is not medically necessary.