

Case Number:	CM15-0132708		
Date Assigned:	07/20/2015	Date of Injury:	11/27/2000
Decision Date:	08/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 63-year-old male who sustained a work related injury November 27, 2000. According to a physician's notes dated June 8, 2015, the injured worker presented for a pain management follow-up. He reports constant moderate to severe pain in his neck, with sharp and intermittent pain into his arms. He has had recent flare-ups of low back pain and all pain awakens him at night. Shaving and driving have been difficult due to the flare-ups of pain. The physician documented and MRI of the cervical spine, dated May 2, 2015, (report present in the medical record) revealed fusion at C5-6 and C6-7 but has advanced stenosis at C3-4 and C4-5. Current medication included Lipitor, Neurontin and Norco. Cardiovascular examination revealed regular heart rate and rhythm, no edema. Assessment is documented as post-laminectomy syndrome of the lumbar region; cervical post-laminectomy syndrome. A request for authorization, dated June 29, 2015, requested a C4-5 epidural steroid injection and pre-operative medical clearances. At issue, a request for authorization for a 2D Echo, stress Cardiolute Carotid Duplex Scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echo, stress Cardiolute Carotid Duplex Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, electrocardiogram, carotid duplex scan.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines states that echocardiogram is indicated in the evaluation of cardiac function and anatomy for a variety of reasons. Carotid duplex studies are indicated in the evaluation of blockage of the carotid arteries. The provided clinical documentation for review does not provided information warranting these tests as related to industrial incident or pre-operative clearance. Therefore, the request is not medically necessary.