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| <b>Case Number:</b>   | CM15-0145492 |                              |            |
| <b>Date Assigned:</b> | 08/06/2015   | <b>Date of Injury:</b>       | 12/29/2006 |
| <b>Decision Date:</b> | 09/03/2015   | <b>UR Denial Date:</b>       | 07/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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: California, Indiana, New York  
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 injured worker is a 53 year old female, who sustained an industrial injury on December 29, 2006, incurring injuries to her upper and lower back. She was diagnosed with cervical disc disease, lumbar disc disease with lumbar herniation and severe canal and foraminal stenosis. She underwent a lumbar fusion. Treatment included opioids, anti-inflammatory drugs, antidepressants, bracing, epidural steroid injection, spinal cord stimulator, compression stockings and activity restrictions. Currently, the injured worker complained of persistent low back pain and lower extremity pain with swelling, fatigue and pressure in the ankles. She noted significant numbness and tingling in both of her feet and legs with tingling in both feet. The injured worker had a history of chronic venous insufficiency and superficial axial insufficiency. The treatment plan that was requested for authorization included an ultrasound for venous insufficiency of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound for Venous Insufficiency Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.invasivecardiology.com/articles/duplex-ultrasound-chronic-venous-insufficiency>.

**Decision rationale:** Pursuant to the Journal of Invasive Cardiology, ultrasound for venous insufficiency bilateral lower extremities is not medically necessary. With the development of advanced treatment techniques, our understanding of the venous system and hemodynamics has expanded. So too has the knowledge of diagnostic techniques for duplex evaluation for CVI. There are separate although overlapping protocols for a DVT or reflux duplex examination. Although the step-by-step protocol is important, especially for standardization of process, it can be relied upon too heavily at times. There also needs to be top of mind awareness for the technical and anatomic concepts presented in order for the most accurate and precise diagnostic evaluation to be performed. A relatively new (2010) Registered Sonographers (RPhS) credentialed for physicians and sonographers has been developed by Cardiovascular Credentialing International for those specializing in this arena. The diagnostic sonography exam is extremely operator dependent; therefore, an inquisitive approach and extensive knowledge of the concepts presented herein are suggested. Recently, publications have shown "non-inferiority of the RT position for the diagnosis of superficial venous reflux if the test is performed with clear awareness and understanding of the potential pitfalls".<sup>9</sup> Lastly, those performing these studies are obligated to compare diagnostic findings with clinical and symptomatic presentation to ensure accurate diagnosis and facilitate appropriate treatment. In this case, the injured workers working diagnoses are class III chronic venous insufficiency; and neuropathic pain of the bilateral lower extremities. The date of injury is December 29, 2006. Request for authorization is July 1, 2015. According to a January 23, 2015 progress note, the injured worker has continued lower extremity pain and discomfort. The injured worker has swelling in the lower extremities, but is most bothered by numbness and tingling in the legs and feet. The injured worker wears compression stockings occasionally. Objectively, the injured worker has trace edema in the bilateral lower extremities with hyperpigmentation anterolateral leg. There are no ulcers. There are scattered reticular varicosities bilaterally. The treatment plan states the symptoms found most bothersome are likely neuropathic. According to a progress note dated June 10, 2015, the objective examination is unchanged from the January 23, 2015 clinical findings. There were no substantial changes on physical examination to support repeating an ultrasound for venous insufficiency of the bilateral lower extremities. There were no compelling clinical facts indicating a repeat ultrasound is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no new substantial clinical objective findings of venous insufficiency, ultrasound for venous insufficiency bilateral lower extremities is not medically necessary.