

Case Number:	CM15-0162158		
Date Assigned:	08/28/2015	Date of Injury:	07/24/2013
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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 36 year old male, who sustained an industrial injury on 7-24-2013, resulting from repetitive keyboard and phone use. The injured worker was diagnosed as having hypertension. Treatment to date has included diagnostics, physical therapy, mental health treatment, and medications. Currently, the injured worker complains of headaches (a history of head trauma as a child), frequent urination, musculoskeletal pain in the upper extremities, bilateral elbows, bilateral wrists, and right shoulder. He was recommended surgical intervention for carpal and cubital tunnel syndrome. He also reported bouts of depression, stress, anxiety, and insomnia. It was noted that he sought treatment for exhaustion and stress in 2012 and he was prescribed HCTZ. He was diagnosed with hypertension in approximately 2013. He admitted to purchasing over the counter products (Ibuprofen and aspirin) to help relieve his symptoms. He reported an average blood pressure of 152 over 105, with spikes to 190 over 117. No changes in his medications were reported over the last 12 months. He reported weight gain of 45 pounds since his injury due to the lack of ability to work out or eat correctly. He denied chest pain, syncope, malignant arrhythmias, palpitations, coronary artery disease, heart attack, or heart murmur. He reported current occasional alcohol use and a history of smoking cigarettes. His current medications included HCTZ, Alprazolam, Remeron, Diclofenac, Tramadol, Pantoprazole, Aspirin, and Ibuprofen. Exam noted an elevated blood pressure and heart rate. His height was 6'3" and weight was 292 pounds. His cardiac exam noted a regular rate and rhythm, with no rubs or gallops. Exam of his neck noted no elevation in jugular venous

pressures, 2+ carotid upstrokes, and no bruits. The treatment plan included multiple diagnostics, including a carotid ultrasound. His work status was total temporary disability.

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.ncbi.nlm.nih.gov/pubmed/24719118>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/003774.htm>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and MEDLINE plus, carotid ultrasound is not medically necessary. Carotid duplex is an ultrasound test that shows how well blood is flowing through the carotid arteries. The carotid arteries are located in the neck. They supply blood directly to the brain. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension; orthopedic diagnoses and psychiatric diagnoses. Date of injury is July 24, 2013. Request for authorization is July 31, 2015. The requesting provider isn't internal medicine provider. According to a progress note dated July 1, 2015, the injured worker is a 36-year-old with a history of hypertension, bilateral upper extremity and hand pain. Past medical history is notable for hypertension. Physical examination is notable for a blood pressure of 158/103. Physical examination of the carotid arteries, heart and lungs is unremarkable. There is no clinical indication of rationale for carotid ultrasound. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective clinical documentation of carotid anatomy and no clinical indication of rationale for a carotid ultrasound, carotid ultrasound is not medically necessary.