MAXIMUS Federal Services

Case Number:	CM15-0163169		
Date Assigned:	08/31/2015	Date of Injury:	01/17/2006
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male who sustained a work related injury January 17, 2006. Past history included status post lumbar discectomy 2013, lumbar fusion 2014, GERD (gastroesophageal reflux disease), gout, and hypertension. An internal medicine secondary treating physician's supplemental assessment, dated June 11, 2015, added results of a June 3, 2015 diagnostic ultrasound of the bilateral carotid arteries. The history is documented as syncope and TIA(transient ischemic attack). The test is found to be a normal duplex examination of the carotid bifurcations. According to a treating physician's progress report, dated May 15, 2015, the injured worker complains of lumbar pain, sacral and sacroiliac pain, and pain in the right buttock, right leg, right posterior knee, right calf, right ankle, right shin, right foot and right hip. He also reported experiencing dizziness anxiety, stress and insomnia. A treating physician's report, dated July 16, 2015 finds the injured worker presenting for re-evaluation. Objective findings included; blood pressure 137/81, heart rate 75; moves slowly die to pain, has difficulty changing from a standing to a sitting position; Kemp's positive bilaterally, seated root and Braggart's positive on the right. Diagnoses are documented as lumbar intervertebral disc disorder with myelopathy; sciatica. Treatment plan included neurosurgeon evaluation of lumbar spine, physiotherapy, psychologist evaluation and continued treatment with internal medicine. At issue, is a request for authorization 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiology Info.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@spub/documents/downloadable/ucm_430166.pdf.

Decision rationale: The patient presents on 06/03/15 with worsening acid reflux, diarrhea/constipation, and worsening sleep quality. The patient's date of injury is 01/17/06. Patient is status post lumbar discectomy in 2013 and lumbar fusion in 2014. The request is for Carotid Ultrasound. The RFA is dated 06/03/15. Physical examination dated 06/03/15 is largely unremarkable, with the only positive findings being "eyes: unable to visualize fundus on examination." The patient is currently prescribed Atenolol, Dexilant, Gaviscon, Citrucel, Colace, Simethicone, Lovaza, Tricor, Crestor, Probiotics, Aspirin, and Diovan. Per 07/16/15 progress note, patient is classified as temporarily totally disabled for 45 days. MTUS and ODG are silent on Carotid Ultrasound. However, the American Heart Association, Guideline on the Management of Patients With Extracranial Carotid and Vertebral Artery Disease, 2011 (my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@spub/documents/downloadable/ucm_430166.pdf) has the following recommendations under Duplex Ultrasonography to Evaluate Asymptomatic Patients With Known or Suspected Carotid Stenosis: "Duplex ultrasonography to detect hemodynamically significant carotid stenosis may be considered in asymptomatic patients with symptomatic peripheral arterial disease, coronary artery disease or atherosclerotic aortic aneurysm. Or to detect carotid stenosis in asymptomatic patients without evidence of atherosclerosis who have greater than or equal to 2 of the following: hypertension, hyperlipidemia, tobacco smoking, or family history of atherosclerosis before age 60 in a first degree relative or ischemic stroke." In regard to this initial carotid ultrasound for the evaluation of this patient's stroke risk/carotid stenosis, the request is appropriate. While MTUS and ODG do not specifically address such diagnostics, American Heart Association guidelines regarding carotid ultrasonography state that carotid ultrasound is an appropriate measure in asymptomatic patients who present with 2 or more of the following co-morbidities: Hypertension, hyperlipidemia, tobacco use, family history of atherosclerosis, or history of ischemic stroke. In this case, the patient presents with a significant history of poorly controlled hypertension (with subsequent retinopathy), as well as hyperlipidemia, and hypertriglyceridemia. This patient therefore meets AHA guideline criteria for asymptomatic carotid ultrasound and such diagnostics are an appropriate preventative measure. The request is medically necessary.