

<b>Case Number:</b>	CM15-0169257		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 01-07-2009. The mechanism of injury and injured body parts were not discussed. A review of the medical records indicates that the injured worker is undergoing treatment for alcohol use, anxiety, headaches, chronic pain, peripheral vascular disease, chronic low back pain, deep vein thrombosis (DVT), degenerative disc disease in the lumbar spine, lumbar radiculopathy, an acetabular labrum tear, and pulmonary embolism. Medical records (02-25-2015 to 04-28-2015) indicate varicosity at the anterior tibial region, ongoing intermittent achiness in the right leg, and constant achiness in the low back with occasional radiation down into the lower extremities. Records indicate no changes in activities of daily living. Per the treating physician's progress report, the injured worker is able to return to work with restrictions. The physical exams, dated 04-17-2015 and 04-28-2015, revealed no significant changes in the injured worker's exams, and no cardiac or respiratory complaints. Additionally, there was no mention of the requested echo cardiolite test that was denied by the utilization review. Relevant treatments have included a successful left great saphenous vein endovenous radiofrequency ablation (02-06-2015) resulting in a catheter site infection post procedure, a right lower extremity endovenous radiofrequency ablation (03-06-2015), and a lumbar laminectomy (03-2014) which resulted in a post-operative DVT and infection, physical therapy, and medications (including blood thinners). The treating physician indicates that a venous duplex scan of the left lower extremity (status post left great saphenous vein catheter ablation (02-2015) showing a complete occlusion of the left greater saphenous vein at 2.3cm from the saphenofemoral junction, and laboratory testing which has shown consistently

elevated prothrombin time-INR and Prottime levels. The request for authorization was not available for review; however, the utilization review shows that an echo cardiolite test was requested. The original utilization review (06-16-2015) denied the request for an echo cardiolite test due to the lack of documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Echo cardiolite:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell RM, Douglas PS, Eidem BE. et al. Appropriate Use Criteria. J Am Coll Cardiol. 2014; 64 (19):2039-2060.

**Decision rationale:** The claimant sustained a work injury in January 2009 and has peripheral vascular disease. Treatments have included lower extremity endovenous radiofrequency ablation treatments in February 2015 and March 2015. The treatment in February 2015 was complicated by a catheter site infection successfully treated with antibiotics. The claimant has a history of a DVT with pulmonary embolism in December 2014 and is being treated with Coumadin. In April 2015 he was not having further problems with edema. His only complaint was an anterior tibial varicosity. Physical examination findings included a weight of 282 pounds. Review of systems was negative. Authorization is being requested for a Cardiolite stress test. Patients who are candidates for exercise testing may have stable symptoms of chest pain, may be stabilized by medical therapy following symptoms of unstable chest pain, or may be post-myocardial infarction or post revascularization. The claimant has peripheral vascular disease and, although, would be at risk for coronary artery disease, the documentation submitted does not include any description of symptomatic cardiovascular disease or abnormal EKG or lab testing that would indicate a need for the requested testing. The request cannot be accepted as being medically necessary.