

<b>Case Number:</b>	CM15-0183296		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Texas, California

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:

This is a 57 year old male patient who sustained an industrial injury on 4-4-14. The diagnoses include lumbar disc degeneration with severe disc bulging L4-L5, L5-S1 per MRI 4-7-14 and may have arteriosclerotic peripheral vascular disease on same side- absent distal pulses that side. Per the doctor's note dated 8/17/15, he had complaints only of left leg pain. The physical examination revealed normal gait and full lumbar range of motion. Per the initial orthopedic evaluation and consultation and treatment note dated 7-6-15, he had complaints of low back pain with radiating pain down the left leg to the ankle with numbness in the lower leg. Pain was rated at 5-7 out of 10. Prolonged sitting or walking more than an hour causes pain to increase to 8 out of 10. He was noted to be negative for cardiovascular symptoms. The physical examination revealed his gait within normal limits, forced tenderness at the left posterior superior iliac spine, knee deep tendon reflexes absent bilaterally, dorsalis and tibial pulses of left leg not obtainable, and hip and knee range of motion within normal limits. The current medications list includes medications for hypertension and aspirin. Work status is noted that he has not returned to work since the date of injury and that he has work restrictions. He has had the lumbar spine roentgenographic impression dated 7-6-15 which revealed severe degenerative change, multiple levels, lumbar; MRI lumbar spine dated 8-11-15 which revealed multilevel degenerative disc disease. He has had trigger point injections, medication and physical therapy. The requested treatment of arterial ultrasound of bilateral lower extremities was not approved on 8-20-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arterial ultrasound bilateral lower extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/460178>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Venous thrombosis.

**Decision rationale:** Arterial ultrasound bilateral lower extremities. Per the cited guidelines "Patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). The latter approach is thought to be better based on its ability to detect isolated calf vein thrombosis; however, it requires skilled operators and is mainly available only during working hours. These two ultrasound-based evaluations, both with their advantages and disadvantages, are about equally effective at guiding the management of patients with suspected lower-extremity deep-vein thrombosis (DVT), conclude the authors of a large RCT reported in JAMA. But the writer of an accompanying editorial gives the edge to one of the techniques (2-point ultrasonography), the one that's been around longer and is simpler and probably more widely available. However, the use of 2-point ultrasonography to diagnose DVT frequently requires repeated testing in 1 week to detect calf DVT, which can extend to the proximal veins. Whole-leg Doppler ultrasonography generally obviates this requirement, making 1-day testing possible. (Bernardi, 2008) A systematic review looked at 5 types of interventions used to prevent thromboembolism in pelvic and acetabular fracture patients: mechanical compression devices, inferior vena cava filters, low-molecular weight heparins, ultrasound screening, and magnetic resonance venography screening." Per the records provided patient had chronic low back and left leg pain and physical examination revealed knee deep tendon reflexes absent bilaterally, dorsalis and tibial pulses of left leg not obtainable. Patient has diagnosis of possible arteriosclerotic peripheral vascular disease on same side- absent distal pulses that side. Therefore arterial ultrasound bilateral lower extremities is medically appropriate to evaluate vascular abnormalities. The request of Arterial ultrasound bilateral lower extremities is medically appropriate and necessary for this patient.