

<b>Case Number:</b>	CM15-0186347		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/05/1992
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 61 year old female, who sustained an industrial injury on 10-5-1992. Medical records indicate the worker is undergoing treatment for lumbar 4-5 laminectomy on 8-3-2015. A recent progress note dated 8-12-2015, reported the injured worker reported recent surgery and discharge from the hospital 3 days prior and now has a fever. There was not a history of deep vein thrombosis documented. A bilateral lower extremity Doppler study performed on 8-3-2015 (the day of surgery) showed no evidence of deep vein thrombosis. Treatment to date has included surgery, physical therapy and medication management. The physician is requesting Retrospective review: Bilateral lower extremity venous Doppler performed on 8-3-2015. On 8-28-2015, the Utilization Review non-certified the request for Retrospective review: Bilateral lower extremity venous Doppler (date of service 8-3-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review: Bilateral lower extremity venous Doppler (DOS 8/3/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Turk Kardiyol Dern Ars. 2013 Apr, 41(3): 248-55. doi:10.5543/tkda.2013.76429. Doppler ultrasonography in lower extremity peripheral arterial disease verim SI, Tasci I.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus [www.nlm.nih.gov/medlineplus/ency/article/003775.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003775.htm).

**Decision rationale:** Based on the 7/30/15 progress report provided by the treating physician, this patient presents with low back pain. The treater has asked for Retrospective review bilateral lower extremity venous Doppler (DOS 8/3/15) on 8/12/15. The request for authorization was not included in provided reports. The patient is s/p lumbar L4-5 posterior laminectomy from 8/3/15 with acute exacerbation of the lumbar spine per 8/12/15 report. The patient was discharged from the hospital 3 days ago and is afebrile per 8/12/15 report. The patient has failed conservative treatment including physical therapy, NSAIDS, chiropractic treatment, aqua therapy per 8/3/15 report. The patient has a history of diabetes mellitus, hypertension, and thyroid problems per 8/3/15 report. The patient had a prior L5-S1 lumbar laminectomy from 1995 per 8/3/15 report. The patient has no chest pain, no shortness of breath, no abdominal pain/nausea/vomiting per 8/3/15 report. The patient's work status is not included in the provided documentation. ACOEM, MTUS, and ODG do not address this request. Medlineplus, a service of the National Institutes of Health, at [www.nlm.nih.gov/medlineplus/ency/article/003775.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003775.htm) states the following under Doppler Ultrasound Exam: "The test is done to help diagnose: Arteriosclerosis of the arms or legs, Blood clot (deep vein thrombosis), Venous insufficiency "This test may also be done to help assess the following conditions: Arteriosclerosis of the extremities, Deep venous thrombosis, Superficial thrombophlebitis, Thromboangiitis obliterans". The treater does not discuss this request in the reports provided. Utilization review letter dated 8/28/15 denies request, citing insufficient documentation of signs/symptoms of DVT. The request for lower extremities venous Doppler is retrospective, with date of service on same date as a lumbar laminectomy on 8/3/15. However, the patient does not have a history of deep vein thrombosis, neither is there evidence of other co-morbidities that would increase the patient's risk for deep vein thromboses. Without a clearer rationale regarding the necessity of the requested arterial evaluation and without documentation of the presence of additional risk factors, the medical necessity cannot be established. Therefore, the request is not medically necessary.