

<b>Case Number:</b>	CM15-0032223		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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:

The injured worker is a 35 year old male, who sustained an industrial injury on 12/13/2013. He has reported injury to cervical spine, lumbar spine and development of psychological complaints. The diagnoses have included cervical sprain/strain, lumbar sprain/strain, S.A.D. and sleep disturbance, and hypertension. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the injured worker complains of cervical spine and lumbar spine pain rated 5/10. Physical examination documented consultation denied despite increased blood pressure reading since injury with no prior history of hypertension. The provider requested a 2 D echo with Doppler for a diagnosis of hypertension on the evaluation dated 1/12/15. On 1/12/15, the injured worker was evaluated with the provider documented hypertension due to chronic pain related to the industrial injury. A 2D echo was suggested to evaluate any potential end-organ damage was present. On 1/22/2015 Utilization Review non-certified a 2D echo with Doppler, noting the documentation did not support medical necessity. Non- MTUS, ACOEM, or ODG Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of 2D echo with Doppler.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D echo with doppler:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/books/nbk2215/](http://www.ncbi.nlm.nih.gov/books/nbk2215/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.radiologyinfo.org/en/glossary/glossary1.cfm?gid=96>.

**Decision rationale:** According to radiologyinfo.org as referenced through Pub Med, Doppler ultrasound is an application of diagnostic ultrasound used to detect moving blood cells or other moving structures and measure their direction and speed of movement. The Doppler Effect is used to evaluate movement by measuring changes in frequency of the echoes reflected from moving structures. In many instances, Doppler ultrasound has replaced x-ray methods such as angiography, as a method to evaluate blood vessels and blood flow. Doppler ultrasound permits real-time viewing of blood flow that cannot be obtained by other methods. Doppler ultrasound has proved a boon in all areas of ultrasound, aiding in the evaluation of the major arteries and veins of the body and the heart. In this case, the injured worker is noted to have increased blood pressure readings since the industrial injury in December 2013. The requested diagnostic study is medically necessary at this juncture as noted to ensure no end-organ damage is present. The request for 2D echo with doppler is medically necessary.