

Case Number:	CM13-0034014		
Date Assigned:	12/06/2013	Date of Injury:	12/03/2011
Decision Date:	01/20/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Non-smoking male claimant with a history of back pain, spinal stenosis and neurogenic claudication that resulted from a work injury on 12/3/11. A recent neurologist exam on 7/1/13 indicated that the claimant had intermittent claudication of the calves, difficulty walking but no vascular exam was performed or any impression was made regarding vascular disease. A repeat examination on 8/14/13 indicated 10/10 back pain radiating to the legs with complaints of claudication symptoms. The extremity exam, again, did not comment on pulses or capillary refill. Arterial /Venous Doppler's were performed indicating they are normal with possibility of small vessel disease in the left ankle. Arterial venous Doppler's were ordered as well for 8/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arterial/venous studies performed 8/14/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/300_399/0353.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database Syst Rev. 2013 Aug 30; 8: CD010712. doi: 10.1002/14651858. CD010712. Nonoperative treatment for lumbar spinal stenosis with neurogenic claudication and A Primary Care Approach to the Patient with

Claudication TERESA L. CARMAN, M.D., and BERNARDO B. FERNANDEZ, JR., M.D.,
Cleveland Clinic Florida, Fort Lauderdale, Florida.

Decision rationale: The Physician Reviewer's decision rationale: The ACOEM and MTUS guidelines do not comment on Doppler testing. According to the Cochrane database: Lumbar spinal stenosis with neurogenic claudication is one of the most commonly diagnosed and treated pathological spinal conditions. It frequently afflicts the elderly population. Moderate and high-quality evidence for nonoperative treatment is lacking and thus prohibits recommendations for guiding clinical practice. Given the expected exponential rise in the prevalence of lumbar spinal stenosis with neurogenic claudication, large high-quality trials are urgently needed. In addition, according the AAFP, a physical exam determining the cause of claudication is necessary before pursuing diagnostics. In this case the symptoms of claudication are neurogenic. There was no vascular exam performed. There are no known risk factors such as diabetes or smoking. As a result, the Doppler's are not medically necessary.

Ultrasound arterial/venous performed 8/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/300_399/0353.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database Syst Rev. 2013 Aug 30; 8: CD010712. doi: 10.1002/14651858. CD010712. Nonoperative treatment for lumbar spinal stenosis with neurogenic claudication and A Primary Care Approach to the Patient with Claudication TERESA L. CARMAN, M.D., and BERNARDO B. FERNANDEZ, JR., M.D., Cleveland Clinic Florida, Fort Lauderdale, Florida.

Decision rationale: The Physician Reviewer's decision rationale: As noted in ITEM 1: The ACOEM and MTUS guidelines do not comment on Doppler testing. According to the Cochrane database: Lumbar spinal stenosis with neurogenic claudication is one of the most commonly diagnosed and treated pathological spinal conditions. It frequently afflicts the elderly population. Moderate and high-quality evidence for nonoperative treatment is lacking and thus prohibits recommendations for guiding clinical practice. Given the expected exponential rise in the prevalence of lumbar spinal stenosis with neurogenic claudication, large high-quality trials are urgently needed. In addition, according the AAFP, a physical exam determining the cause of claudication is necessary before pursuing diagnostics. In this case the symptoms of claudication are neurogenic. There was no vascular exam performed. There are no known risk factors such as diabetes or smoking. As a result, the Doppler's are not medically necessary.