

Case Number:	CM14-0211250		
Date Assigned:	12/24/2014	Date of Injury:	07/20/2014
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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 & Rehabn

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 patient is a 60-year-old male with date of injury of 07/20/2014. According to progress report dated 10/08/2014, the patient presents with left thumb, chest pressure, abdominal pain, dizziness, nausea, depression, anxiety, and headaches. The patient has experienced weight loss of 15 pounds and the patient attributes the weight loss to lack of appetite due to stress. The patient is currently working. Current medication regimen includes simvastatin 40 mg, ibuprofen 600 mg, methocarbamol 500 mg, and OTC Tylenol for headaches. Examination of the head revealed the patient admits to suffering from headaches but denies any history of trauma to the head. There is musculoskeletal pain and tenderness noted with associated weakness. Examination of the neck revealed there is 2+ carotid upstrokes. There are no systolic or diastolic roots noted and there is no lymphadenopathy. The listed diagnoses are: 1. Abdominal pain. 2. Acid reflux. 3. Chest pain. 4. Cephalgia. 5. Sleep disorder. 6. Psychiatric disorders. Due to patient's complaints of headache, recommendation was made for "MRI of the brain and a carotid ultrasound for further evaluation." The utilization review denied the request on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22194509>, Official Disability Guidelines (ODG), Head (Diffusion tensor imaging, DTI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, ultrasound, diagnostic (imaging)

Decision rationale: This patient presents with left thumb pain, chest pressure, abdominal pain, dizziness, and nausea, and headaches. The current request is for carotid ultrasound. The ODG Guidelines under the neck chapter has the following regarding ultrasound, diagnostic (imaging) "not recommended. In uncomplicated back pain, its use would be experimental at best." The treating physician's request for a carotid ultrasound for patient's headache is not supported by ODG Guidelines. The requested carotid ultrasound is not medically necessary.