

<b>Case Number:</b>	CM15-0125463		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina

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 was a 58-year-old male, who sustained an industrial injury, December 14, 2007. The injured worker previously received the following treatments status post cardiac catheterization on September 2, 2014, the cardiac problem was more severe than what was expected, random toxicology laboratory studies which was negative for any unexpected findings, Amlodipine, Metoprolol, Lisinopril, Prilosec, Gaviscon, Gemfibrozil, Simvastatin, Aspirin and Flecairide. The injured worker was diagnosed with atypical chest pain, dyslipidemia, hypertension, palpitations, anxiety, hyperlipidemia, ventricular tachycardia, cervical musculoligamentous strain, bilateral rotator cuff tears, status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, gastric reflux disease, sleep disorder and constipation. According to progress note of May 12, 2015, the injured worker's chief complaint was shortness of breath and dizziness. The injured worker was reporting poor quality of sleep. The injured worker was complaining of occasional pin like chest pain. The injured worker was monitoring blood pressure at home. The physical exam noted a regular heart rate without rubs or gallops. The lungs were clear with auscultation. The abdomen was soft non-tender and non-distended with active bowel sounds. The treatment plan included carotid ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carotid Ultrasound:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spenger, Renee, Doppler ultrasound WebMD.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, carotid ultrasound.

**Decision rationale:** The California MTUS, ODG, and ACOEM do not specifically address the requested service. The up-to date guidelines state that carotid ultrasound is indicated in the evaluation of complaints that can be due to carotid artery disease. In this case, the patient has complaints of continued dizziness. This is listed as a symptom possibly due to carotid artery disease and therefore the request is medically warranted and necessary.