

<b>Case Number:</b>	CM15-0065043		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/24/1987
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 77-year-old male, who sustained an industrial injury on September 24, 1987. He reported low back pain and radiating pain into the lower extremities with associated tingling. The injured worker was diagnosed as having spinal stenosis of the lumbar spine and lumbosacral disc degeneration. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker complains of ongoing low back pain with radiating pain to the lower extremities and new onset foot pain. The injured worker reported an industrial injury in 1987, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted the surgery was complicated by a dural tear and spinal fluid leak. He required a second operation then physical therapy. He noted great results. He now continues to experience continued low back pain with radiating pain, tingling and numbness to the bilateral lower extremities and foot pain. Evaluation on October 2, 2014, revealed continued pain as noted. A Doppler of the lower extremities and a neurology consultation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arterial doppler of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127, <http://emedicine.medscape.com/article> Peripheral arterial occlusive disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Noninvasive diagnosis of arterial disease and Clinical features and diagnosis of lower extremity peripheral artery disease.

**Decision rationale:** At issue in this review is the request for arterial dopplers of bilateral lower extremities due to continued pain in both feet. This worker does not have a history of vascular risk factors. There is no documented history of walking impairment, ischemia or claudication symptoms or non-healing wounds. The physical exam does not document a vascular exam of the lower extremities or findings such as ulceration, skin temperature changes, or absence of pulses. There is no clear rationale for the arterial dopplers in the absence of clinical history, symptoms or physical exam findings of peripheral vascular disease. The medical necessity of bilateral lower extremity arterial dopplers is not substantiated in the records. Therefore, the request is not medically necessary.