

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0066463 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 10/04/2010 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 10/4/2010. Diagnoses have included status post cumulative trauma secondary to perforated bowel, status post hematuria, gastroesophageal reflux disease secondary to stress and non-steroidal anti-inflammatory drugs, irritable bowel syndrome secondary to stress and hypertension with left ventricular hypertrophy secondary to chronic pain and stress. Treatment to date has included lumbar surgery and medication. According to the progress report dated 2/9/2015, the injured worker complained of right lower quadrant pain, fatigue and difficulty sleeping. He state that he had lumbar spine pain associated with a shocking sensation that radiated down to his toes as well as right hip clicking. Physical exam revealed abdominal tenderness in the right upper and lower quadrant. Authorization was requested for a carotid ultrasound.

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 Merck Manual - Diagnostic Neurologic Procedures: Duplex Doppler Ultrasonography & Carotid pulses.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 10/4/2010. The medical records provided indicate the diagnosis of status post cumulative trauma secondary to perforated bowel, status post hematuria, gastroesophageal reflux disease secondary to stress and non-steroidal anti-inflammatory drugs, irritable bowel syndrome secondary to stress and hypertension with left ventricular hypertrophy secondary to chronic pain and stress. Treatment to date has included lumbar surgery and medication. The medical records provided for review do not indicate a medical necessity for Carotid Ultrasound. The medical records indicated that the injured worker had complained to his doctor he was experiencing lower right abdominal quadrant pain, fatigue and difficulty sleeping. The abdominal examination was positive for tenderness in the right lower and upper quadrants. There was no documentation of the findings from inspection, palpation other than tenderness, and findings on percussion and auscultation; neither was there a documentation of the character of the pulse, or findings from the examination of the carotid artery, just to mention a few. The MTUS recommends that diagnostic tests be done in the context of the clinical presentation (based on assessment from the history and physical examination). Therefore, the request for Carotid Ultrasound is not medically necessary.