

Case Number:	CM15-0091637		
Date Assigned:	05/18/2015	Date of Injury:	12/24/2009
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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: Connecticut, California, Virginia
 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:

This is a 58-year-old male with a December 24, 2009 date of injury. The medical record notes a history of mid back pain. A progress note dated February 17, 2015 documents objective findings (relies on a cane; residuals from bilateral knees status post surgeries; intact neurologically) and current diagnoses (posttraumatic stress disorder; sleeping difficulty; internal complaints; brain injury with residuals; bilateral knee surgeries; shoulder surgery; multiple spine surgeries). Treatments to date have included multiple surgeries, medications, and continuous positive airway pressure machine. The treating physician requested authorization for bilateral lower extremity venous Doppler studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremity Venous Doppler: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-AIUM-SRU PRACTICE PARAMETER FOR

THE PERFORMANCE OF PERIPHERAL VENOUS ULTRASOUND EXAMINATION
http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Peripheral_Venous.pdf.

Decision rationale: The CA MTUS does not specifically address venous Doppler ultrasound. The patient in this case appears to have varicose veins, and Doppler is a suitable test to examine blood flow in the legs, which is a reasonable course of action in this case. Additional treatment modalities may be considered based on the results of Doppler exam in this patient, and the request is a reasonable request to begin a thorough workup based on the provided documents. Therefore, the request is medically necessary.

Upper Gastrointestinal Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Gastrointestinal Endoscopy, the Role of Endoscopy in the Management of GERD
http://www.asge.org/uploadedFiles/Publications_%28public%29/Practice_guidelines/Endoscopy_in_the_management_of_GERD.pdf.

Decision rationale: Endoscopy is not specifically addressed by the CA MTUS, and in this case, while the patient appears to have a history of gastroesophageal reflux, there is no provided evidence of "red flag" findings indicative of gastroesophageal bleed or ulcer that indicates need for endoscopy prior to attempt at conservative management. Conservative management would include dietary modifications and pharmacotherapy. Therefore, in this case, while endoscopy may be indicated as a future treatment modality, further evidence supporting the request is indicated to support the procedure, and therefore the request is not considered necessary at this time.