

Case Number:	CM13-0019984		
Date Assigned:	10/11/2013	Date of Injury:	10/04/2001
Decision Date:	08/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male with a initial date of injury of 10/04/2001. In the course of his treatment, the patient was diagnosed with the following conditions; chronic thoracolumbar backache, bilateral lower extremity radiculopathy, anxiety, depression. Additionally, he underwent a failed lumbar fusion and developed urinary incontinence as a result of this failed surgery. Additionally, it was further determined that he suffered a bladder tear associated with the urinary incontinence. Imagining studies include a CT myelogram dated 7/8/08 indicating epidural fibrosis, arachnoiditis and post-operative changes. An abdominal CT dated 8/1/12 indicates the presence of a colovesical fistula between the urinary bladder and the sigmoid colon. A request was made for Urology consultation, 6 visits to repair the bladder tear. This request was denied and modified to allow for a single visit consultation with a urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGY, 6 VISITS, TO REPAIR BLADDER TEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 503.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: The MTUS ACOEM indicates that referral to a subspecialist is indicated in cases where the plan or the course of care may benefit from additional expertise. Additionally, The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The patient has both physical exam findings (urine discharge from rectum) and evidence of a colovesical fistula between the urinary bladder and the sigmoid colon on abdominal CT dated 8/1/12. Such a fistula requires the expertise of a urologist for correction and therefore, referral to a urologist is indicated. However, the necessity for 6 visits in total cannot be known prior to an initial consultation and is not indicated per MTUS. Therefore, the request is not medical necessary.