

Case Number:	CM13-0065828		
Date Assigned:	01/03/2014	Date of Injury:	12/29/2006
Decision Date:	05/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 51-year-old female who reported an injury on 12/29/2006 after she bent over to pick up a glove off the floor and was struck by an anesthesia monitor. The injured worker reportedly sustained an injury to her low back. This ultimately resulted in a posterior lateral fusion at the L5-S1. The injured worker was seen by an agreed medical examiner on 06/25/2013 due to ongoing complaints of urinary incontinence. It was documented that the injured worker did do Kegel-pelvic floor strengthening exercises; however, had ongoing instances of urinary incontinence. Urological findings included good tone and sphincter contraction of the anal sphincter and decreased sensation in the perianal region. The injured worker's urological diagnoses included autonomous neurogenic bladder of the sensory deficit type, and stress urinary incontinence, largely controlled with the performance of Kegel exercises and massive obesity. The injured worker's treatment recommendations included a weight loss program, a referral to an urologist and fluid intake restrictions. The injured worker underwent a bladder ultrasound at that appointment that did indicate a complete empty bladder after voiding. The injured worker was evaluated by an urologist on 10/21/2013. It was documented that the injured worker had continued voiding dysfunction characteristic of incontinence due to stress and urgency. Physical findings included an overweight patient that is unable to ambulate without assistance with a nontender obese abdomen. The injured worker's diagnoses included voiding dysfunction, urge incontinence and neurological bladder. The injured worker's treatment plan included renal sonogram, bladder sonogram, and comprehensive urodynamic studies and a diagnostic cystoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PELVIC (BLADDER) SONOGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Practice Guidelines for the Performance of Pelvic Ultrasound, RES. 19-2009

Decision rationale: The requested pelvic bladder sonogram is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker underwent an ultrasound of the bladder in 06/2013. The need for additional imaging is not clearly supported. Additionally, the clinical documentation submitted for review does indicate it was recommended that the injured worker undergo fluid restrictions to assist with resolving stress and urgency incontinence complaints. The clinical documentation submitted for review does not provide any evidence that the injured worker has attempted fluid restrictions in an attempt to manage her symptoms. Therefore, further diagnostic studies would not be supported. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this diagnostic study. The American College of Radiology Practice Guidelines for the performance of pelvic ultrasound does support the use of a pelvic sonogram, a urinary incontinence or pelvic organ prolapse. However, the clinical documentation submitted for review does not provide an adequate physical assessment to support that the injured worker has pelvic organ prolapse. As such, the requested pelvic bladder sonogram is not medically necessary or appropriate.

DIAGNOSTIC CYSTOSCOPY CO: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003903.htm>

Decision rationale: The requested diagnostic cystoscopy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this diagnostic study. An online resource Medline Plus that uses the National Library of Medicine indicates that this test is appropriate to check for bladder cancer, urinary tract infections, and to determine the cause of pain during urination. The clinical documentation submitted for review does not provide any evidence that the injured worker has any symptoms that would support the suspicion of cancer. Additionally, there is not a history of bladder infections or painful urination Final Determination Letter for IMR Case Number CM13-

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COMPREHENSIVE URODYNAMIC STUDY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003904.htm>

Decision rationale: The requested comprehensive urodynamic study is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this diagnostic study. An online resource medlineplus.com that uses the National Library of Medicine indicates that this test is used to help determine the cause of bladder voiding and dysfunction. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to more conservative treatments such as fluid restrictions. Therefore, the need for comprehensive diagnostic study is not supported. As such, the requested comprehensive urodynamic study is not medically necessary or appropriate.

RENAL SONOGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Practice Guidelines for Native Renal Duplex Sonography, RES 14-2013.

Decision rationale: The requested renal sonogram is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this diagnostic study. The American College of Radiology states that this type of study is indicated for injured workers who have evidence of hypertension and a decline in renal function, injured workers with known renal vascular disease, persistent abdominal or flank bruit, or evidence of renal trauma. Clinical documentation submitted for review does not provide any evidence of renal insufficiency that would require this type of study. There is no documentation of uncontrolled hypertension that would damage the injured worker's renal system. Additionally, there is no documentation that the injured worker has failed to exhaust all conservative treatments and would require further diagnostic studies. As such, the requested renal sonogram is not medically necessary or appropriate.