MAXIMUS Federal Services

Case Number:	CM14-0002882		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2009
Decision Date:	10/01/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 General Surgery and is licensed to practice in Texas. 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 49-year-old female with a 09/20/09 date of injury. Review of records dated 11/19/13, 10/23/13, 9/10/13 described bowel and urinary incontinence. The patient is in great distress. She is unable to go through her work hardening program because of that. The listed diagnoses are neurogenic bladder with rectocele, prolapsed uterus, failed back syndrome with two previous lumbar surgeries and persistence of severe pain with radiation to lower extremities and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLADDER AND RECTUM SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: U.S. Department of Health & Human Services Agency for Healthcare Research and Quality The National Guideline Clearinghouse Pelvic organ prolapse Major Recommendations The grades of evidence (I-III) and levels of recommendation (A-C) are defined at the end of the "Major Recommendations" field. The following recommendations and conclusions are based on good and consistent scientific evidence (Level A

Decision rationale: The records reference reports from urologist [redacted] dated 10/17/12, 02/05/13 as well as his 01/06/14 AME report in urology. However, none of these records have been provided with case documentation. Due to the lack of documentation containing proper neurological and rectal examination, appropriate testing and findings, a determination in favor of the requested bladder and rectum surgery cannot be made at this time. Non-Certify.