

Case Number:	CM14-0009287		
Date Assigned:	02/12/2014	Date of Injury:	12/11/2007
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 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:

This is a 54-year-old male with a 12/11/07 date of injury. The patient injured his left hip, knee, and back. A 12/18/13 progress report indicated the patient is having increasing pain of the lower back, radiating down the right buttock down into the leg. The patient had prior lumbar surgery with a L2-3 fusion and decompression at L3-4. A 1/9/14 note indicates the patient is having trouble controlling his urine. Objective exam: he uses a wheeled walker and can walk around the house for brief periods of time. The physician would like an ultrasound for post-void residual urine to determine if his bladder complaints are related to the lumbar spine. Diagnostic Impression: Spinal Stenosis. Treatment to date: medication management, walker, lumbar decompression and fusion. A UR decision dated 1/8/14 denied the request. The reason for the denial was not provided for review.  

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-VOID ULTRASOUND FOR RESIDUAL URINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , ASSESSMENT APPROACHES; HISTORY & PHYSICAL EXAMINATION, 6

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: Online source, Global Spine Journal, Cauda Equina Syndrome Following Decompression for Spinal Stenosis.

Decision rationale: CA MTUS and ODG do not address this issue. A search of online literature indicates that Cauda Equina syndrome following decompression for spinal stenosis appears to occur more commonly than literature suggests. A majority of the patients found to have cauda equina syndrome in the study had post-operative urinary retention. A post-void ultrasound to measure residual urine would document residual urine. The surgeon is concerned in regards to the patient's pain and the fact that he is having difficulty controlling his urine. A post-void residual urine would be able to differentiate if the patient was having any type of acute post-operative urinary retention, which would be compression for spinal cord compression. Therefore, this request, as submitted, is medically necessary.