

Case Number:	CM14-0017099		
Date Assigned:	04/14/2014	Date of Injury:	02/22/2013
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Occupational Medicine, 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 60 year old female who reported low back pain after an injury on 9/19/12. Treatment has included a lumbar laminotomy with discectomy at the L4-5 level on 8/7/13, after which she reported loss of feeling in her legs, and bladder and bowel incontinence. The following week she was readmitted for a lumbar decompression, evacuation of a fluid collection, and repair of the dura. She was then discharged to rehabilitation where she remained for 20 days. Per the primary treating physician report dated 11/12/13, the patient is in a wheelchair and has an indwelling catheter. She had a urinary tract infection and has no control over her bowel or bladder. The treatment plan included a urologist referral and additional rehabilitation on an outpatient basis for additional therapy. There was no prescription for a specific kind, duration, or quantity of rehabilitation. As of 11/25/13, the injured worker was noted to have great difficulty in ambulating, she was utilizing a wheelchair, and walks short distances with a walker. The catheter was in place. Motor function within the lower extremities was intact. The PR2 dated 1/13/14 states that the injured worker needs a urology consultation and rehab. On 2/28/14, the injured worker was noted to be incontinent and requiring a urology consultation. A catheter was in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGIST CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7, PAGE 127.

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:UpToDate, Approach to women with urinary incontinence.

Decision rationale: This injured worker has a clear history of incontinence after surgery, with the leading cause being a complication after the surgery. She has required an indwelling catheter as a result. Per the reference listed above, the evaluation of urinary incontinence will include a detailed history, physical examination, and in cases of more severe pathology, specialized tests that will require the assistance of a urologist. Given the history and ongoing symptoms, a urologist is the most qualified specialist to provide further evaluation and care. The referral is medically necessary as a result.

Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The MTUS for post-operative physical medicine states that post-operative physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 8 or 24 visits, depending on the presence of myelopathy. The treating physician has not provided any information regarding the quantity of prior physical therapy, the results, and any functional improvement. The available reports appear to show no functional improvement, given the wheelchair bound condition and temporarily totally disabled work status. The request is for unspecified rehab, which is insufficient. A prescription requires a diagnosis, duration, quantity, and treatment modalities, at minimum. Given that this injured worker has attended a course of physical therapy with no documented benefit, duration, and quantity, and that the current request is non-specific, additional post-operative physical therapy/rehab is not medically necessary.