

Case Number:	CM14-0118014		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2010
Decision Date:	09/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal 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:

The injured worker is a 40 year old female who was injured on 08/27/2010 when she slipped and fell. Prior medication history included Gabapentin, Naproxen, Vicodin, Citalopram and Diclofenac. She has been treated conservatively with physical therapy, chiropractic therapy, TENS, functional restoration program and home exercise program. Progress report dated 12/11/2013 states the patient complained of low back pain, right knee pain and right leg pain. Objective findings on exam revealed no pain on flexion and extension of the lumbar spine. Motor exam of the lower extremities revealed 5/5 bilaterally with normal tibialis anterior L4, normal great hallux extension L5, normal peroneus S1. Straight leg raise causes discomfort. There is paraspinous muscle spasms and tenderness. Right knee revealed swelling or effusion. There is no medial or lateral joint line pain. Lachman is at 30 degrees; Negative quadriceps active test. There is no varus or valgus instability. Diagnoses are lumbago with sciatica in the right hip and right knee pain. A prior utilization review dated 07/18/2014 states the request for Urodynamic testing is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bengtson j. Chapin MD, Kohlin.Loughlin KR,

Selgson j, Gharib s. urinary Incontinence: guide to diagnosis and management. Boston Brigham and Young Women's Hospital 2004. 9 p. (16 references) diagnostic Testing Voiding Diary.

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://kidney.niddk.nih.gov/kudiseases/pubs/urodynamic/>.

Decision rationale: The CA MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend urodynamic testing to evaluate the urinary tract system. The term urodynamic testing encompasses a range of possible testing including post void residual, electromyography, pressure flow studies, etc. The clinical documents did not clearly identify which urodynamic tests were being ordered and what clinical diagnosis was being evaluated. The indication for the testing and specific signs/symptoms the patient has was not adequately discussed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.