MAXIMUS Federal Services

Case Number:	CM14-0183385		
Date Assigned:	11/10/2014	Date of Injury:	11/14/2001
Decision Date:	12/26/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 39-year-old female with date of injury of 11/14/2001. The listed diagnoses per the treating physical from 09/24/2014 are: Status post work-related injury from 11/14/2001; Status post failed Intrathecal Pump trial due to complication; Status post failed spinal cord stimulator trial due to complication; Long-term use of opioid pain medication, 10+ years; Complex regional pain syndrome in the left leg; Status post left knee surgery from 01/27/2005 and Renal colic for 2 weeks. According to this report, the patient complains of back, knee pain, and hip pain. The patient reported no changes in her pain symptoms. She has been dependent on high dosage of opioid pain medication for pain control and functioning. The patient on multiple medications for pain including OxyContin 240 mg twice a day and Fentora 600 mcg 6 per day. Examination shows right knee range of motion is full and symmetric compared to the left side. There is no decrease in flexion. Range of motion in the left knee is diminished. There is decreased flexion due to posterior thigh/calf impingement, and asymmetrical flexion contracture is present. The documents include three progress reports from 06/04/2014 to 09/24/2014. The utilization review denied the request on 10/11/2014 stating, "There are no urinary symptoms described. There is no urinalysis result for reference. There is insufficient information to determine medical necessity."

IMR ISSUES, DECISIONS AND RATIONALES

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

Kidney ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Emergency medical journal

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 Institute of Ultrasound for Medicine, http://www.aium.org/resources/guidelines/urology.pdf.

Decision rationale: This patient presents with back, knee, and hip pain. The provider is requesting a Kidney Ultrasound. The American Institute of Ultrasound for Medicine does support ultrasound evaluation for back/flank pain. The patient has not had any previous kidney ultrasound. She is currently on multiple high doses of opioid medication for pain. The provider is requesting a kidney ultrasound "to rule out renal colic." The reports from 06/04/2014 to 09/24/2014 do not discuss kidney symptoms; however, she does report pain in the left flank/abdomen with referring pain to the pelvis. Therefore, this request is medically necessary.