

<b>Case Number:</b>	CM14-0025446		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/05/2004
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Illinois. 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 37-year-old male who reported an injury on 11/05/2004. The mechanism of injury was noted to be a fall. The clinical note dated 11/07/2013 noted that the injured worker presented with continued back pain that increased with activity. Prior treatment included medications. The diagnoses were hypertension, neurogenic bladder, organic impotence, primary osteoarthritis of the thoracic vertebrae, primary osteoarthritis of the lumbar vertebrae, lumbar disc degeneration, cauda equine syndrome and post-traumatic stress disorder. Upon examination, the injured worker's heart was with a regular rate and rhythm, lungs are clear, and knee extension and dorsiflexion are intact. Reflexes were +1 at the knee jerks and diminished at the ankle jerks bilaterally, blood pressure was 150/80, weight was 250 pounds, and body mass index was 37 kg. A chemistry panel was drawn on 08/03/2013, revealing an AST at 56, which is elevated. The provider recommended a renal and bladder ultrasound. The provider's rationale was not included. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RENAL AND BLADDER ULTRASOUND:** 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: Hopkins Medicine, Kidney Ultrasound, Online Database [http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/urology/kidney\\_ultrasound](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/urology/kidney_ultrasound).

**Decision rationale:** The request for a renal and bladder ultrasound is non-certified. John Hopkins Medicine Health Library / Hopkinsmedicine.org states that a kidney ultrasound may be used to assess the size, location and shape of the kidneys and related structures, such as the ureters and bladder. Ultrasound can detect cysts, tumors, abscesses, obstructions, fluid collections and infections within or around the kidneys. A kidney ultrasound may be performed to assist in the placement of needles used to biopsy the kidneys, to drain fluid from a cyst or abscess or to place a drainage tube. This procedure may also be used to determine blood flow to the kidneys through the renal arteries and veins. An adequate examination of the injured worker was not provided detailing current deficits to warrant a renal and bladder ultrasound. The provider's rationale was not included in the request. As such, the request is non-certified.