

Case Number:	CM14-0029892		
Date Assigned:	06/20/2014	Date of Injury:	04/04/2011
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 57 year old female who presented with complaints of bladder issues. The injured worker had a fall after her left leg had gone numb on 4/5/2011. There were complaints of progressive lower back pain since the initial incident. The note does indicate the injured worker utilizing Norco on a daily basis with Soma on an as needed basis. Upon exam the injured worker was able to demonstrate 45 degrees of lumbar flexion with 0 degrees of extension and 15 degrees of bilateral lateral flexion. The injured worker was identified as having positive straight leg raising on the left. Numbness was identified in the left L5 distribution with decreased strength on the left. The clinical note dated 05/22/13 indicates the injured worker continuing with complaints of low back pain with bilateral lower extremity pain. There is an indication the injured worker is showing signs of frustration secondary to her ongoing complaints. There is an indication the injured worker is continuing with the use of opioid therapy. The note dated 01/28/14 indicates the injured worker having complaints of urinary incontinence up to 3 times per day. The injured worker reported the episodes occur when she was walking, talking, coughing or sneezing. There is also an indication the injured worker had undergone a period of anorexia where her weight dropped from 139 pounds to 123 pounds. There is also an indication the injured worker was caring for her dying mother. The utilization review dated 02/27/14 resulted in a denial for urodynamic studies as no previous urology consultation had been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamic studies: 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 1.)Wellman W Cheung, MD, et al. Cystography. MedScape, Updated: Apr 2, 2012.2.)Scarpero HM, Koski M, Kaufman MR, Dmochowski RR. Urodynamics best practices. AUA Update Series. 2009;28(9):74-83.

Decision rationale: The request for urodynamic study is not medically necessary. The documentation indicates the injured worker having complaints of periodic episodes of urinary incontinence under specific conditions. Urodynamic study is indicated for injured workers who have been diagnosed with specific bladder conditions following a clinical exam. No information was submitted regarding the injured worker's previous work up regarding the bladder difficulties. Therefore, it is unclear if the injured worker would benefit from urodynamic study at this time. Without a completed work up in place, this request is not indicated as medically necessary.