

<b>Case Number:</b>	CM14-0030181		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	06/10/2005
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 43-year-old male who reported an injury on 06/10/2005 due to an unknown mechanism. The clinical note dated 10/25/2013 indicated diagnoses of industrial related thoracic spine strain/sprain and industrial related musculoligamentous strain/sprain, lumbar spine, superimposed on pre-existent degenerative disc disease, resulting in chronic lumbar discogenic pain and bilateral radiculopathy (status post (s/p) posterior lumbar interbody fusion, L4-5, L5-S1, on 08/09/2006). Status post LIF L3-4 with removal of retained hardware on 08/20/2012. The injured worker reported chronic pain to the lower back and legs that had not improved accompanied by a pins and needles sensation. On physical exam, there was tenderness to palpation to the paralumbar region and spasms and the injured worker walked with an antalgic gait. The injured worker's medication regimen included Norco, Celebrex, Lidoderm, Ambien, Gabapentin, Roviaz, Testosterone and Cialis. The request for authorization was submitted on 09/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT URODYNAMIC DIAGNOSTIC STUDIES SECONDARY TO NARCOTICS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Kidney and Urologic Diseases Information Clearinghouse. <http://kidney.niddk.nih.gov/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Department Of Health And Human Services. National Kidney and Urologic Diseases Information Clearinghouse. <http://kidney.niddk.nih.gov/kudiseases/pubs/urodynamic/>.

**Decision rationale:** The request for repeat urodynamic diagnostic studies secondary to narcotics is not medically necessary. The National Kidney and Urologic Diseases Information Clearinghouse states that Urodynamic testing is any procedure that looks at how well the bladder, sphincters, and urethra are storing and releasing urine. Most urodynamic tests focus on the bladder's ability to hold urine and empty steadily and completely. Urodynamic tests can also show whether the bladder is having involuntary contractions that cause urine leakage. A health care provider may recommend urodynamic test if symptoms suggest problems with the lower urinary tract. Lower urinary tract symptoms (LUTS) include urine leakage, frequent urination, painful urination, sudden, strong urges to urinate, problems starting a urine stream, problems emptying the bladder completely and recurrent urinary tract infections. Urodynamic tests range from simple observation to precise measurements using sophisticated instruments. For simple observation, a health care provider may record the length of time it takes a person to produce a urinary stream, note the volume of urine produced, and record the ability or inability to stop the urine flow in midstream. Urodynamic tests include uroflowmetry, post void residual measurement, cystometric test, leak point pressure measurement, pressure flow study, electromyography, and video urodynamic tests. There was lack of evidence upon physical exam to warrant a repeat urodynamic diagnostic study. The date of the prior urodynamic study was not available and there was no evidence of a significant change in the injured workers symptoms. Additionally, it was unclear what specific urodynamic tests were being requested. Therefore, the request for repeat urodynamic diagnostic studies secondary to narcotics is not medically necessary.