

Case Number:	CM14-0050407		
Date Assigned:	06/25/2014	Date of Injury:	07/06/2009
Decision Date:	08/29/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 07/06/2009. The mechanism of injury was not provided with the documentation. Her diagnoses were noted to be lumbar radiculopathy, lumbar spine stenosis, thoracic degenerative disc disease, and obesity. Prior treatments were noted be medications. The injured worker was noted to have an MRI and x-rays. The injured worker had a surgical procedure noted to be a bladder neck sling in 09/2013. A clinical evaluation on 06/10/2014 indicated the injured worker had complaints of urinary incontinence. The physical examination noted peroneal sensation in the bilateral L5 and S1 dermatomes was intact, knee and ankle jerks were 2+, and straight leg raise was limited to 45 degrees on the right and 40 degrees on the left by low back but also by left hip pain. The extensors and flexors of the bilateral ankles and toes were 5/5. A post void bladder ultrasound examination showed complete bladder emptying after voiding 170 ccs. The relevant medications was prescribed included Myrbetriq 25 mg. The treatment plan was for Myrbetriq 25 mg and a referral to a urologist. The provider's rationale for the request was not indicated in the clinical evaluation. A request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 CT/IVP/KUB of the abdomen and pelvis with and without contrast: 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: Johns Hopkins Medicine Health Library.

Decision rationale: The request for prospective CT/IVP/KUB of the abdomen and pelvis with and without contrast is non-certified. The use of an IVP is recommended when it is the only modality available. IVP can be used to establish the presence or absence of 1 or both kidneys, clearly define the parenchyma, and outline the collecting system. Computed tomography is the best method for assessment of stable patients with renal trauma. CT is more sensitive and specific than IVP, or angiography, since it accurately defines the location of injuries, easily detects contusions, and devitalized segments, visualizes the entire retroperitoneum and any associated hematomas, and includes other abdominal and pelvic structures. A KUB is a kidney, ureter, and bladder x-ray that may be performed to assess the abdominal area for causes of abdominal pain, or to assess the organs and structures of the urinary and/or gastrointestinal system. The rationale for the request of CT/IVP/KUB is not clear. The provider's request does not indicate a medical necessity for the 3 tests according to the most recent documentation submitted for review. Therefore, the request is non-certified.