

Case Number:	CM14-0055608		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2011
Decision Date:	09/08/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

This is a case of a 35-year-old male who was injured on 5/25/2011 when he fell 20-30 feet to the ground. The fall resulted in spinal compression fractures and complete spinal cord injury at thoracic 8-9 level causing paraplegia compression fractures and moderate traumatic brain injury. As a result of the spinal cord injury he required self catheterisation and was followed by urology for care and occasional urinary tract infections. The patient is wheelchair bound and paraplegic. Bladder emptying is achieved through self catheterisation. Request is for Intra-abdominal pressure test. This test is one of a number of urodynamic tests that measure detrusor or bladder muscle pressure during voiding and filling. It is outlined below. Cystometrogram (CMG) is a graph of vesical pressure and assesses detrusor activity, sensation, capacity, and compliance. The bladder is filled with water through a urethral catheter at a steady rate. A second catheter placed in the rectum or vagina measures intra-abdominal pressure that is then subtracted from the vesical pressure to measure true detrusor pressure during filling and voiding. A pressure flow study combines a CMG with uroflow to distinguish between bladder outlet obstruction and impaired detrusor function. The reason for the need for this service and its affect on outcome for the patient is not clear and the records provided do not demonstrate a medical necessity. MTUS guidelines are not applicable in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-abdominal pressure test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wein (Ed.) Campbell-Walsh Urology, 10th Ed., 2011.

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:Reference <http://emedicine.medscape.com/article/1988665-overview>.

Decision rationale: Urodynamics are a means of evaluating the pressure-flow relationship between the bladder and the urethra for the purpose of defining the functional status of the lower urinary tract. The ultimate goal of urodynamics is to aid in the correct diagnosis of urinary incontinence based on pathophysiology. Cystometrogram (CMG) is a graph of vesical pressure and assesses detrusor activity, sensation, capacity, and compliance. The bladder is filled with water through a urethral catheter at a steady rate. A second catheter placed in the rectum or vagina measures intra-abdominal pressure that is then subtracted from the vesical pressure to measure true detrusor pressure during filling and voiding. A pressure flow study combines a CMG with uroflow to distinguish between bladder outlet obstruction and impaired detrusor function. The reason for the need for this service is not documented by the requesting physician and its affect on outcome for the patient is not clear and the records provided do not demonstrate a medical necessity. MTUS guidelines are not applicable in this case.