

Case Number:	CM14-0058386		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2011
Decision Date:	09/03/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Maryland. 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 employee was a 34-year-old who fell from a twenty to thirty feet height and suffered a moderate traumatic brain injury and T8/T9 compression fractures with complete spinal cord injury on May 25, 2011. He had a thoracic fusion and fixation following which he has had paraplegia. He was straight catheterize himself. He was seen by the Physical medicine provider on January 24, 2014. Subjective symptoms included a history of UTI in October 2013. He had E coli resistant to Bactrim and was treated with Cipro. He was also reportedly having episodes of spasms for which he had been restarted on Baclofen. He was intermittently catheterizing four times a day. On examination he was found to have 0/5 strength below L2. The plan of care included referral to Urology for neurogenic bladder with incontinence and recurrent UTIs. He was again seen in March 2014 and was noted to have had another urinary tract infection in February 2014. He reported continued leaks and urine analysis showed urinary tract infection in March 2014. He was restarted on Bactrim for ten days. The plan involved intermittent self catheterization, Ditropan for incontinence, antibiotic coated catheters, Urology consultation and Occupational therapy. A request was submitted for x-ray cystogram and URO4 cystometrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cystogram, min 3 view: Overturned

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: Bruschi J. Urinary tract infections in spinal cord injury. Medscape.
<http://emedicine.medscape.com/article/2040171-overview#aw2aab6b4>.

Decision rationale: The employee had spinal cord injury with paraplegia and neurogenic bladder that was being managed by intermittent self catheterization. He had 3 episodes of symptomatic UTI (urinary tract infection) from January to March 2014. According to the evidence cited above, patients with SCI who have more than two symptomatic UTIs within six months should be evaluated to rule out high pressure voiding, vesicoureteral reflux and the presence of stones. Evaluation often includes some combination of the following: urodynamic studies, nuclear scanning, ultrasonography, voiding cystourethrography, pyelography, cystoscopy and CT scan. There is a history of recurrent UTIs and urinary incontinence along with neurogenic bladder. Therefore the request for an X-ray cystogram, minimum three-view, is medically necessary and appropriate.