

<b>Case Number:</b>	CM14-0063054		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii and 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 26-year-old female employee with date of injury of 11/11/2011. A review of the medical records indicate that the patient is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, displacement of intervertebral disc site unspecified without myelopathy, lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Subjective complaints did not include complaints related to the genitourinary system. Lumbar radiculitis symptoms are not clearly described. Objective findings did not include a genitourinary system exam, strength testing, reflex testing, skin testing, or other neurological findings surrounding the nerve distribution of the genitourinary system. Medical records do not detail what treatment has been performed thus far. The utilization review dated 3/26/2014 non-certified the request for Urodynamic Studies due to lack of documentation supporting the need.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 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 online resource, UpToDate.com, Urodynamic evaluation.

**Decision rationale:** "Uptodate" states the following regarding urodynamic testing: "... a Cochrane review concluded there were insufficient data from randomized studies to determine whether treatment of urinary incontinence according to a urodynamic-based diagnosis was more effective than treatment based upon history and examination alone [8]. Numerous pitfalls in urodynamic testing limit its value [9]. Some fundamental problems include: Lack of standardization of technical details, such as patient position, type of pressure sensor, and filling rate. These variables significantly affect result. The artificial situation of the urodynamic laboratory, which produces nonphysiologic results in some patients. Use of a transurethral catheter can unmask stress incontinence [10]. Inconsistent reproducibility of test results in the same patient [11]. The wide range of physiologic values in normal, asymptomatic patients [12]. The absence of a specific abnormality during urodynamic testing does not exclude its existence, and not all abnormalities found during urodynamics are clinically significant. Thus, a urodynamic test cannot be considered definitive without placing it in the context of other findings. A complete patient evaluation should consist of: History Physical examination Urine culture Microscopic urinalysis Measurement of postvoid residual urine volume Urinary diary (a record of volume and frequency of fluid intake and voiding over one to seven days) Cotton swab test Perineal pad test (to quantify leakage over a 1- to 24-hour period by measuring changes in pad weight). The range of maximum weight change reported in continent women is 1 to 8 g over 24 hours." The medical documents provided did not include a complete medical history or physical examination. Additionally, records did not indicate if urine culture, urinalysis, urinary diary, cotton swab test, perineal pad test, or postvoid urine volume test was performed. The medical records provided do not substantiate the need for urodynamic testing at this time. As such, the request for Urodynamic Studies is not medically indicated.