

Case Number:	CM14-0091550		
Date Assigned:	07/25/2014	Date of Injury:	10/16/1998
Decision Date:	10/02/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and suspected urinary tract infection reportedly associated with an industrial injury of October 16, 1998. In a Utilization Review Report dated June 2, 2014, the claims administrator denied a request for a renal ultrasound and a KUB. Overall rationale was sparse. The claims administrator stated that he based his denial on a May 6, 2014 clinical progress note and a May 13, 2014 request for authorization for the renal sonogram and KUB. Neither of these notes, however, was incorporated into the Independent Medical Review packet. In an April 1, 2014 progress note, the applicant was described as doing well. Persistent back and leg pain were reported, 4/10. The applicant was on OxyContin, MacroDantin, Xanax, Cymbalta, Deplin, Neurontin, Oxycodone, Lortab, Ambien, and Silenor, it was acknowledged. The applicant was described as "permanently disabled." The applicant was asked to continue current medications. On April 29, 2014, medications were again renewed. The applicant was again described as "permanently disabled." On March 4, 2014, the applicant was asked to continue an analgesic pain cream. The remainder of the file was surveyed. There was no explicit mention of the attending provider's expressing concerns of possible nephrolithiasis. The progress note on which the KUB and renal sonogram were sought does not appear to have been incorporated into the Independent Medical Review packet. In a May 1, 2014 progress note, the applicant presented with a leaking Foley catheter. The Foley catheter was apparently replaced. The applicant was given a diagnosis of neurogenic bladder with associated urinary retention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renal sonogram and abdomen KUB (kidney, ureter, bladder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology-Standard Practice Review-Practice Guideline for the performance of abdominal radiography 52-2011

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: Medscape, Nephrolithiasis Workup article.
<http://emedicine.medscape.com/article/437096-workup> Nephrolithiasis Workup - Author: J Stuart Wolf Jr, MD, FACS; Chief Editor: Bradley Fields Schwartz, DO, FACS A kidneys-ureters-bladder (KUB) radiograph, in addition to the renal colic CT scan, facilitates the review and follow-up of stone patients. Ultrasonography, Renal ultrasonography by itself is frequently a

Decision rationale: The MTUS does not address the topic of renal sonography or KUB x-rays. While Medscape does acknowledge that a KUB radiograph could facilitate the review and follow-up of nephrolithiasis in applicants with known kidney stones and further notes that renal ultrasonography, by itself, is frequently adequate to determine the presence of a renal stone, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. It was not clearly stated whether nephrolithiasis was, in fact, the suspected diagnosis, as stated on the Independent Medical Review application form. The clinical progress note of May 6, 2014 on which these tests were sought was not incorporated into the Independent Medical Review packet. The information that is on file, however, fails to provide any compelling rationale or basis for the request. Therefore, the request is not medically necessary.