

Case Number:	CM14-0098674		
Date Assigned:	09/16/2014	Date of Injury:	10/03/2002
Decision Date:	12/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 patient is a 52 year-old woman who was injured at work on 10/18/2002. The injury was primarily to her legs as the result of being hit by a motor vehicle. She is requesting review of denial for the following: Repeat CT Scan Abdomen/Pelvis With and Without Contrast. Medical records corroborate ongoing care for her injuries. Her Primary Treating Physician's Progress Reports and specialty care notes indicate the following chronic diagnoses: Amputation Below the Knee/Traumatic; Carpal Tunnel Syndrome; Chronic Pain Syndrome; History of Recurrent Blader Stones; Chronic Musculoligamentous Strain of the Lumbosacral Spine; Epicondylitis; Major Depressive Disorder; and Posttraumatic Stress Disorder. Regarding the requested CT Scan, she has been followed by a Urologist for recurrent nephrolithiasis. On an evaluation on 4/24/2014 she had presented in follow-up for a cystoscopy, laser lithotripsy, retrograde study, stone basketing and stent placement performed on 4/21/2014. It was noted that: "at the time of the laser lithotripsy several fragments were broken off her stone; however, the stones were much larger than measured on CT scan. The patient will need extracorporeal shock-wave lithotripsy at Cedars Sinai Medical Center. She will need a CT scan to evaluate her residual stones in approximately four weeks. Depending on the findings, shock wave lithotripsy and/or laser lithotripsy and re-stenting will be scheduled." A CT scan of the abdomen and pelvis was subsequently performed on 5/22/2014, which demonstrated the following: "a multi-lobulated calculus is present in the right kidney, significantly increased in size since 7/12/2012. A right ureteral stent is in place with mild hydronephrosis but no delay in contrast filling the collecting system." The size of the stone was 1.5 centimeters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat CT Scan Abdomen/Pelvis With / Without IV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zoga AC, Weissman BN, Kransdorf MJ, Adler R, Appel M, Bancroft LW, Bruno MA

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: Up-To-Date/Nephrolithiasis in Adults; the American Urological Association/Management of ureteral calculi: EAU/AUA Nephrolithiasis panel (2007) <http://www.auanet.org/education/guidelines/ureteral-calculi.cfm>

Decision rationale: The MTUS Guidelines, the Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines are silent on the topic of imaging for recurrent renal stones. The reference source Up-To-Date (www.uptodate.com) includes a section on nephrolithiasis in adults. Regarding the topic of imaging, the authors state: "radiographic examination preferably with non-contrast helical CT at 5mm cuts should be obtained to search for residual stones." The American Urological Association published guideline recommendations for the management in ureteral calculi in 2007 (referenced above). They state that "patients with ureteral stones >10 mm could be observed or treated with MET (medical expulsive therapy), in most cases such stones will require surgical treatment. No recommendation can be made for spontaneous passage (with or without medical therapy) for patients with large stones." In this case the rationale for repeat CT imaging with and without contrast is unclear. The office note (4/24/2014) indicates that the "stones were much larger than measured on CT scan." Further, it was stated that "the patient will need extracorporeal shock-wave lithotripsy at Cedars Sinai Medical Center." The patient was not given a treatment recommendation for MET as she was advised to drink more water and continue prophylactic antibiotics. In summary, there is insufficient documentation in support of the rationale for repeat CT imaging of the abdomen/pelvis with and without contrast. The patient's stone was well visualized during the 4/21/2014 procedure and the treating physician commented that it was "much larger than measured on CT scan." Given the lack of rationale provided for a CT scan of the abdomen/pelvis with and without contrast, the imaging study is not considered as medically necessary.