

Case Number:	CM14-0189266		
Date Assigned:	11/17/2014	Date of Injury:	04/13/1993
Decision Date:	01/06/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 61-year old male who was injured at work on 04/13/1993. He is reported to be wheelchair bound, suffers from frequency, urinary incontinence, dysuria, nocturia, and hesitancy, decreased stream, erectile dysfunction, kidney stone and blood in the urine. The physical examination revealed right lower extremity edema. The remaining examination was essentially unremarkable. The ultrasound of the bladder revealed post void urine of 100cc. The urinalysis of 05/06/14 revealed white blood cells that were too numerous to count, and 4+ bacteria. The worker has been diagnosed of neurogenic bladder and impotence of organic origin, chronic pain syndrome, right lower extremity sensory deficit, and acute pyelonephritis 06/2012. Treatments have included physical therapy, Trazodone, Wellbutrin, Ultram, and Norco. At dispute are the requests for Cyst CMG, and 1 Urodynamic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cysto CMG: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: <1. Medscape, <http://emedicine.medscape.com/article/1829911->

overview#aw2aab6b2b2 2. National Guideline Clearing House: Urodynamic.
<http://www.guideline.gov/content.aspx?id=36909> >

Decision rationale: The medical records provided for review indicate a medical necessity for Cyst CMG. This is a 61 year old wheelchair bound male with neurogenic bladder associated with inability to fully empty the bladder, a past history of urinary tract infections and pyelonephritis, and blood in the urine. The MTUS and Official Disability Guidelines are silent on this topic, but Medscape and the National Guidelines Clearing house recommends this form of test for the listed medical conditions. Therefore, Cyst CMG is medically necessary.

1 Urodynamics: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: <National Guideline Clearing House: Urodynamic.
<http://www.guideline.gov/content.aspx?id=36909>>

Decision rationale: The medical records provided for review indicate a medical necessity for Urodynamic. The MTUS and official Disability Guidelines are silent on this topic, but, National Guideline Clearing House: Urodynamic recommends Urodynamic in adults with lower urinary tract symptoms (LUTS) with certain conditions, including neurogenic bladder, where it gives a B recommendation. The requested test is medically necessary.