MAXIMUS Federal Services

Case Number:	CM14-0192585		
Date Assigned:	11/26/2014	Date of Injury:	01/19/2012
Decision Date:	02/24/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female patient who sustained a work related injury on 11/19/12. Patient sustained the injury due to fall from roof . The current diagnoses include s/p spinal fusion surgery, S1 radiculopathy, persistent chronic back and gluteal pain, neurogenic bowel, neurogenic bladder, and right ischial gluteal bursitis. The past medical history include status post L2 burst fracture on 01/19/12 that caused L2 spinal cord injury and neurogenic bladder. She was unable to void normally and runs the risk of bladder over-distension, UTI and vesicoureteral reflux. She occasionally uses enema therapy. Per the doctor's note dated 10/28/14, patient has complaints of pain and spasm in the right low back and buttock. Physical examination revealed spasm and guarding along the right quadratus lumborum, lumbar paraspinal, and gluteus medius muscles, diminished right ankle reflex compared to the left side and decreased sensation as to light touch over the right heel and good strength in her lower extremitiesThe medication lists include gabapentin, nortriptyline, Ibuprofen, Oxycodone, Percocet, Pamelor, Flector patch and Lidoderm patch. The patient has had Colonoscopy 6/3/13 that revealed polyps of 1 to 2 and mm in size and removed with a cold biopsy. The patient's surgical history include spinal fusion surgery on 1/23/2012.The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 French catheters for intermittent catheter every 4 hours: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14) Durable medical equipment (DME)

Decision rationale: ACOEM/ CA MTUS do not address this request. Therefore ODG was used. As per cited guideline "Durable medical equipment (DME): Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below.....The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;(2) Is primarily and customarily used to serve a medical purpose;(3) Generally is not useful to a person in the absence of illness or injury; &(4) Is appropriate for use in a patient's home." Patient sustained the injury due to fall from roof. The current diagnoses include status post spinal fusion surgery, S1 radiculopathy, persistent chronic back and gluteal pain, neurogenic bowel, neurogenic bladder, and right ischial gluteal bursitis. The past medical history includes status post L2 burst fracture on 01/19/12 that caused L2 spinal cord injury and neurogenic bladder. The patient's surgical histories include spinal fusion surgery on 1/23/2012. She was unable to void normally and runs the risk of bladder over-distension, UTI and vesicoureteral reflux. The request for 14 French catheters for intermittent catheter every 4 hours are medically appropriate and necessary in this patient.