

<b>Case Number:</b>	CM15-0004826		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male who reported an injury on 06/11/2013. The mechanism of injury was a fall. His diagnoses include benign hypertrophy of prostate without urinary obstruction and other lower urinary tract symptoms. Past treatments were noted to include medications, physical therapy, lumbar epidural steroid injection, and a neurosurgery consultation. The clinical documentation submitted for review did not indicate subjective or objective findings regarding the requested service. Medications were noted to include tramadol, Lyrica, docusate sodium, Cialis, and VESicare. The treatment plan was noted to include an epidural steroid injection, surgery, medications, and a urine drug screen. A request was received for post voiding residual urine without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Voiding Residual Urine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [WWW.ncbi.nlm.nih.gov/pubmed/25251215](http://WWW.ncbi.nlm.nih.gov/pubmed/25251215), measurement of post-void residual urine

**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: <http://www.med.umich.edu/llibr/HealthyHealing/PVR.pdf>.

**Decision rationale:** According to the [REDACTED], post void residual test is to measure the amount of urine that is left in one's bladder after it is has been attempted to completely empty it. The clinical documentation submitted for review did not indicate a rationale or subjective and objective findings regarding this request. Consequently, the request is not supported. As such, the request for post voiding residual urine is not medically necessary.