MAXIMUS Federal Services

Case Number:	CM15-0205365		
Date Assigned:	10/22/2015	Date of Injury:	04/26/2010
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 59 year old, male who sustained a work related injury on 4-26-10. A review of the medical records shows he is being treated for neck and back pain and bowel-bladder incontinence. In the Initial Comprehensive-Complex Urological Consultation and Report dated 4-14-15, the injured worker reports urinary incontinence that has become worse since his surgery in December 2013. He does not have the sensation of a full bladder. He cannot tell when his bladder is full. He cannot voluntarily initiate urination. He also has fecal incontinence. On physical exam dated 4-14-15, he has a diaper in place, which is wet with urine. He has normal external genitalia. Abdomen is soft with no masses palpable. He has irreversible bowel and bladder incontinence and paraplegia. Treatments have included cervical spine and thoracic spine surgery December 2013. Current medications include Baclofen, Midrocine, Coumadin, Colace, Calcium and Florinef. He is not working. The treatment plan includes in-office renal and pelvic sonography, lab work and follow-up. The Request for Authorization dated 5-4-15 has requests for a follow-up report, and in office renal sonography, in office bladder sonography and in office urodynamic testing. In the Utilization Review dated 9-30-15, the requested treatment of pelvic- bladder sonography for neurogenic bladder is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvic/bladder sonography for neurogenic bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell-Walsh Urology, 10th Ed., 2011, By Alan J. Wein, MD, PhD (Hon); et al.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Abrams GM, et al. Chronic complications of spinal cord injury and disease. Topic 4839, version 9.0. UpToDate, accessed 12/06/2015.

Decision rationale: A bladder and pelvic ultrasound uses sound waves to make pictures of the bladder and of the pelvis. The MTUS Guidelines are silent on this issue. The bladder generally has two functions: to store urine and to remove it from the body. These are both controlled by nerves. Many conditions that result in nerve damage can affect the bladder's functions. The submitted and reviewed documentation indicated the worker was experiencing problems controlling urine. These records suggested the worker had a problem with the nerves that controlled the bladder. Recent imaging was done on 06/04/2015 and 06/15/2015. There was no discussion suggesting the reason repeat imaging was needed, the reason separate imaging of both the bladder and the entire pelvis was needed, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for pelvic and bladder ultrasonography for neurogenic bladder is not medically necessary.