

<b>Case Number:</b>	CM15-0218328		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: 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:

The injured worker is a 40 year old male who sustained an industrial injury on 2-13-15. A review of the medical record indicates he is undergoing treatment for high cholesterol, asthma, migraines, acid reflux and heartburn, diabetes mellitus, sleep apnea, skin cancer, closed head injury with concussion, cervical strain with suggestion of possible syrinx - rule out cervical spinal stenosis or disc herniation, lumbar sprain with lumbar disc disease, neurogenic bladder, nocturnal enuresis, incontinence, and impotence. Medical records (9-23-15) indicate that the injured worker complains that urinary incontinence has become "more frequent", occurring 3-4 times per week. He reports "some" urinary frequency during the day, decrease in force and caliber of his urinary stream, and occasional urinary hesitancy. He also reports decreased penile rigidity and sexual performance. He reports awakening 1-2 times per night to urinate. He was seen in the emergency department on 9-14-15 and 10-12-15 for ongoing complaints of neck pain that radiates to his right hand. The emergency department provider indicates "1 episode of urinary incontinence" on the 9-14-15 visit and "no bowel or bladder incontinence" on the 10-12-15 visit. The physical exam (9-23-15) reveals a "normal" male genitourinary exam. Diagnostic studies have included a urinalysis. No urinary tract infection or blood in the urine is noted. Treatment has included medications. The treatment recommendation is for urodynamics. The utilization review (11-2-15) includes a request for authorization of urodynamics. The request was denied. The medication list include Oxycodone, Baclofen, Metformin, Colace and Celecoxib. The patient has had a MRI of the cervical spine on 7/2/15 that revealed disc protrusions, foraminal and central canal narrowing; MRI of the lumbar spine on 3/13/15 that revealed disc protrusions. The patient has had history of lumbar surgery. The patient has had history of crush injury to the back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Management Recommendations. In: Incontinence, 4th ed., Abrams P, Cardozo L, Khoury S, Wein A. (Eds), Health Publications, Paris 2009. p.1774. Department of Urology, University of Michigan, Ann Arbor, MI, USA. annepell@med.umich.edu.

**Decision rationale:** This is a request for Urodynamics. Urodynamic testing or Urodynamics is a study that assesses how the bladder and urethra are performing their job of storing and releasing urine. Urodynamic tests can help explain symptoms such as incontinence, frequent urination, sudden, strong urges to urinate but nothing comes out, problems starting a urine stream, painful urination, problems emptying the bladder completely and recurrent urinary tract infections. The patient had a diagnoses of lumbar sprain with lumbar disc disease, neurogenic bladder, nocturnal enuresis, incontinence. Medical records (9-23-15) indicate that the injured worker complains that urinary incontinence has become "more frequent", occurring 3-4 times per week. He reports "some" urinary frequency during the day, decrease in force and caliber of his urinary stream, and occasional urinary hesitancy. He reports awakening 1-2 times per night to urinate. The patient has had history of lumbar surgery. The patient has had a history of a crush injury to the back. He also had a history of a closed head injury with concussion and a possible syrinx in the cervical spine. So the patient has a history of neurological conditions that can also cause urinary symptoms. With this it is deemed that the Urodynamic study is medically appropriate and necessary in this patient to further evaluate the patient's urinary symptoms.