

<b>Case Number:</b>	CM15-0058713		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/16/1998
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: North Carolina  
Certification(s)/Specialty: Urology

### 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 52 year old female who sustained an industrial injury on 9/16/1998. Her diagnoses, and/or impressions, include: lumbar disc degeneration and urinary dysfunction. No current magnetic resonance imaging studies are noted. A recent computed tomography study of the lumbar spine was noted to have been done on 4/28/2014. Her treatments have included: surgery in 1999 & 2000; injection therapy and medication management. The progress notes of 3/2/2015, noted complaints of low back pain that radiates posterior to the right thigh and stops at the mid-calf to the big toe, as well as pain on her left that stops at the buttocks, and urgency with her bladder. The physician's requests for treatments included urology evaluation for her urgency dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urology Evaluation and treatment:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. **DIAGNOSIS AND TREATMENT OF OVERACTIVE**

BLADDER (Non-Neurogenic) IN ADULTS: AUA/SUFU GUIDELINE:

<http://www.auanet.org/common/pdf/education/clinical-guidance/Overactive-Bladder.pdf>.

**Decision rationale:** Evaluation by an urologist is appropriate and indicated in this case. New onset of urinary urgency associated with low back pain, leg numbness/tingling and a history of prior lumbar spine surgery may indicate the presence of neurogenic bladder dysfunction.