

Case Number:	CM15-0059190		
Date Assigned:	04/03/2015	Date of Injury:	05/29/2010
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/28/2015

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 54-year-old female who sustained a work related injury May 29, 2010. Past history included s/p right shoulder surgery October 2011, s/p right knee surgery September 2010. According to a primary treating physician's progress report, dated January 21, 2015, the injured worker presented with complaints of neck, right knee, right shoulder, and left knee pain and loss of bladder control. She stated that she has had the bladder control problem for the last four months with increased urgency and inability to hold (most of the notes were from a checklist). Diagnoses included cervical spine strain; lumbar spine strain; right shoulder surgery; right knee surgery; left knee strain. Treatment plan (from a checklist) included MRI cervical spine, lumbar spine and right shoulder, right knee partial meniscectomy per medical examiner, shockwave therapy, acupuncture 2 x 6 cervical and lumbar spine, consultations with internal medicine (abdominal and right groin pain November 2014, February 2015), psychiatry, urology, and sleep study. The issue at dispute is an abdominal ultrasound. Per the doctor's note dated 2/6/15 patient had complaints of pain in neck, back, bilateral knee and right shoulder. She was referred to urologist for urinary incontinence. The medication list includes Metformin, Losartan, Citalopram and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound: 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 Systematic review of urological follow-up after spinal cord injury, AU Cameron AP, Rodriguez GM, Schomer KG SO J Urol. 2012 Feb;187(2):391-7. Epub 2011 Dec 15.

Decision rationale: Request: Abdominal ultrasound. Purpose: There is no consensus on the appropriate urological follow-up of individuals after spinal cord injury but it is well known that they are at risk for renal deterioration, bladder cancer and stones. We systematically reviewed the literature to evaluate evidence of urological screening in this population. Materials and Methods: We reviewed 385 abstracts, of which 50 met study inclusion criteria. We rated evidence using American Academy of Neurology 2004 guidelines. Results: A total of 12 articles evaluated urinary tract infection screening. Patient reported symptoms used to predict urinary tract infection yielded mixed results and urine dipstick testing had the same accuracy as microscopy. Routine urine culture was unnecessary in healthy, asymptomatic individuals with normal urinalysis. Urodynamics probably must be done periodically (6 articles) but there was no information on frequency. In 11 articles, ultrasound was recommended as a useful, noninvasive and possibly cost-effective screening method. Renal scan was a good method for further testing, especially if ultrasound was positive (11 articles). Evidence was sufficient (11 articles) to recommend ultrasound of the urinary tract to detect urinary tract stones with good sensitivity but not plain x-ray of the kidneys, ureters and bladder (2 articles). There was insufficient evidence to recommend urine markers or cytology for bladder cancer screening (9 articles). Conclusions: Based on this review no definitive recommendations for screening can be made except routine renal ultrasound. Urodynamics are an important part of screening but the frequency is unclear. The optimum bladder cancer screening method has not been defined. AD Department of Urology, [REDACTED] [This](#) is a request for abdominal ultrasound. According to a primary treating physician's progress report, dated January 21, 2015, the injured worker presented with complaints of loss of bladder control. She stated that she has had the bladder control problem for the last four months with increased urgency and inability to hold (most of the notes were from a checklist). She was referred to urologist for urinary incontinence. The request for abdominal ultrasound is medically appropriate and necessary to evaluate the renal system.