

<b>Case Number:</b>	CM13-0066535		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 Patient has a reported date of injury of 10/3/2002. Mechanism of injury is reportedly as due to being struck by a vehicle. Patient has a diagnosis of depression, morbid obesity post lap band surgery for weight loss and L leg trauma post multiple surgeries including above knee amputation and complications and R leg crush injury. Patient has recurrent urinary tract infection and nephrolithiasis. As per records, there is some notes accepting renal calculi as industrially related while a few contradict that statement. This review is based purely on the medical necessity based on evidence-based guidelines and the acceptance or non-acceptance of renal calculi as "industrially related" is irrelevant to this reviewer. Medical records reviewed. Last report available until 11/20/13. Most of the reports by the primary treating physician involve attempting to get patient equipment to function. Last note by urologist on 9/24/14 states that the CT was ordered to "locate the present location of the stone" for potential retrograde . Note also mention post 3 shockwave treatments to the renal calculi. Last noted urinary tract infection was "3weeks" before urology visit on 6/25/2013. Patient complains of R flank pain. Report also states that the patient had a CT(unknown when) that showed 6mm and 6mm stones in R kidney. Urinalysis on 9/24/13 was negative. The actual CT report was not submitted for review. No urine culture results were submitted for review. No medication list was provided. Independent Medical Review is for CT Scan of Abdomen and Pelvis without contrast(Repeat). Prior UR on 12/2/13 recommended non-certification. UR report documents discussion with a treating provider. CT Scan was done on 7/12/12 and Ultrasound was done on 6/13 that shows 2 echogenic structs 5-6mm in size. Urine Culture on 3/13 apparently grew e. Coli but no sensitivities were noted. Request was done on 11/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT CT SCAN OF ABDOMEN AND PELVIS WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN UROLOGICAL ASSOCIATION, CT UROLOGICAL.

**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: <Epp A, Laroche A, Lovatsis D, Walter JE, Easton W, Farrell SA, Girouard L, Gupta C, Harvey MA, Robert M, Ross S, Schachter J, Schulz JA, Wilkie D, Ehman W, Domb S, Gagnon A, Hughes O, Konkin J, Lynch J, Marshall C. Recurrent urinary tract infection. J Obstet Gynaecol Can. 2010 Nov;32(11):1082-90.

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines and Official Disability Guidelines do not have any topics related to this issue. As per the review of the literature, the documentation provided by the treating urologist has failed to support the case that the urinary tract infections are related to the kidney stones and a localization of the stones via CT scan is justified for a procedure. Patient is currently asymptomatic with no documented UTI on urinalysis. Last documented UTI was over 3 months prior to last urological note. The treating urologist has not documented how many occurrences of UTIs that the patient has had and has failed to even properly document recurrent UTI as per proper definition of 2 within 6 months or 3 within 1 year. The treating urologist has not documented what if any prophylactic antibiotics patient is currently receiving which is considered a first line treatment in recurrent UTIs which is a major recommendation with strong evidence to support it as per guidelines. The treating urologist has failed to rule out other causes of the patient's recurrent UTIs such as being wheelchair bound. The guidelines recommend imaging and cystoscopy only if bacteria besides e.coli is cultured. Due to lack of documentation to support the diagnosis of recurrent UTIs, applicable documentation of prophylactic treatment failure and rule out of other causes of recurrent UTIs, a repeat CT scan is not medically necessary.