

Case Number:	CM14-0133050		
Date Assigned:	08/22/2014	Date of Injury:	12/29/2006
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old female was reportedly injured on December 29, 2006. The mechanism of injury is noted as a back injury, when a blood pressure machine fell on her. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of low back pain with pelvic discomfort, burning on urination and blood in her urine. The physical examination demonstrated an alert and oriented patient in no apparent distress, with an antalgic gait and a limp on the right, decreased range of motion and tenderness to palpation in the lumbosacral junction. Neurologically, deep tendon reflexes were normal to both upper and lower extremities bilaterally, and sensation was decreased to light touch in the posterior aspect of the right lower leg. Diagnostic imaging studies include MRIs of the cervical and lumbar spine, which demonstrated multilevel disc bulges of the spine with central canal narrowing, as well as an abdominal ultrasound which showed an enlarged liver with fatty infiltration. An abdominal CT scan also showed a hiatal hernia. Previous treatment includes Kegel exercises and antibiotics. A request had been made for urinalysis with culture and sensitivity, CBC and CMP, cystoscopy, other urodynamic studies, a renal sonogram and a pelvic bladder sonogram, all of which were not certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent UA Culture and Sensitivity, CBC/CMPO: Upheld

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 Official Disability Guidelines (ODG) ODG - TWC - ODG Treatment / Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Acetaminophen (updated 6/10/14). Other Medical Treatment Guideline or Medical Evidence: McPherson RA, Ben-Ezra J. Basic examination of urine. In: McPherson RA, Pincus MR, eds. Henry's Clinical Diagnosis and Management by Laboratory Methods. 22nd ed. Philadelphia, PA: Elsevier Saunders; 2011:chap 28.

Decision rationale: MTUS/ACOEM practice guidelines do not address routine urinalysis testing for kidney or liver function. However, a literature search states a urinalysis is used to assess for urinary tract infections, and to screen for metabolic and kidney disorders. The progress notes provided for review failed to meet requirements indicating necessity of a urinalysis. Specifically, the exam findings do not exhibit any abdominal tenderness, costovertebral angle tenderness on exam, or any other parameters that would necessitate such an endeavor. Furthermore, the progress note does not indicate relief or improvement of symptoms from treatments initiated thus far. The ODG does not directly address routine laboratory testing; however, supports labs for acetaminophen overdose and hepatotoxicity. The patient is not taking any medications that contain acetaminophen and exam findings do not support or suggest signs of hepatotoxicity. With this, neither test is indicated as being medically necessary.

Urgent Cystoscopy: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Cystoscopy and ureteroscopy. National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC). <http://kidney.niddk.nih.gov/kudiseases/pubs/cystoscopy/>. Accessed Aug. 29, 2012.

Decision rationale: The MTUS and ODG do not specifically discuss or address medical necessity for cystoscopy. However, the Mayo Clinic indicates that cystoscopy is a procedure that is used to investigate urinary symptoms such as hematuria, dysuria and incontinence, and to treat different bladder diseases and conditions. Although the patient subjectively reports some of these symptoms, they are likely unrelated to the original injury. Additionally, the efficacy of previous treatments has not been demonstrated. Based on this and the recommendations exhibited through independent research, a cystoscopy is not medically necessary.

Urgent Comprehensive Urodynamic Studies: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Journal of Obstetrics and Gynaecology Research. Outcome after conservative management for mixed urinary incontinence.2014 Sep 26. Doi: 10.1111/jog. 12526. (PubMed online).

Decision rationale: The MTUS and ODG practice guidelines do not address urodynamic studies. However a literature search reveals that urodynamic testing is a series of procedures that look at how well the bladder, sphincters, and urethra are at storing and releasing urine, focusing on the ability of the bladder to hold and empty urine steadily and completely. Although the patient reports some symptoms of stress incontinence, it is likely that this is due to natural reasons, and not a result of the original injury. Additionally, recommended initial treatment for urinary incontinence involves behavioral therapy, and drug and pelvic floor muscle exercises. Review of the provided records shows no indication that these conservative therapies have been utilized. As such, the requested study is not considered medically necessary.

Urgent Renal Sonogram/Pelvic Bladder Sonogram: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Urology Care Foundation. Ultrasound Imaging. Electronically cited on urologyhealth.org.

Decision rationale: Although the MTUS and ODG guidelines do not discuss indications for a renal or pelvic bladder sonogram, a literature search reveals that this type of imaging is used to assess the size, shape, and location of the kidneys and other pelvic organs, as well as blood flow to the kidneys. Although this imaging can be helpful in identifying growths in the pelvis and causes of pain, this test is not medically necessary. Review of the most recent progress notes show that physical exam findings do not demonstrate any pelvic or abdominal discomfort. With this, the request is not considered medically necessary.