

<b>Case Number:</b>	CM14-0160814		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/27/1993
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Internal 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:

According to the records made available for review, this is a 44-year-old female with a 3/27/93 date of injury. At the time (9/4/14) of request for authorization for Unknown urodynamic study, there is documentation of subjective (continuous increased urgency of urination) and objective (no hypo- or hypertonia noted, no involuntary movement noted, and negative Waddell's sign) findings, current diagnoses (lumbar degenerative disc disease, low back pain, and spasm of muscle), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown urodynamic study:** 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: <http://kidney.niddk.nih.gov/kudiseases/pubs/urodynamic/#urodynamic>

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline identifies that urodynamic study has several components (such as: cystography, cystourethrography, cystometry, post-void residual volume determination, uroflowmetry and

leak point pressure, electromyography, pudendal nerve terminal motor latency, and urethral pressure profilometry). In addition, Medical Treatment Guideline identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a urodynamic study is indicated (urine leakage, frequent urination, painful urination, sudden, strong urges to urinate, problems starting a urine stream, problems emptying the bladder completely, or recurrent urinary tract infections), as criteria necessary to support the medical necessity of a urodynamic study. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, low back pain, and spasm of muscle. In addition, given documentation of subjective (continuous increased urgency of urination) finding, there is documentation of a diagnosis/condition for which a urodynamic study is indicated (sudden, strong urges to urinate). However, there is no documentation of which specific component of urodynamic study is being requested. Therefore, based on guidelines and a review of the evidence, the request for Unknown urodynamic study is not medically necessary.