MAXIMUS Federal Services

Case Number:	CM14-0162470		
Date Assigned:	10/07/2014	Date of Injury:	10/16/1998
Decision Date:	11/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 46 year old with an injury date on 10/16/98. Injured worker complains of continuing lumbar pain with constant, bilateral pain in lower extremities rated 5/10 with medications per 8/19/14 report. The injured worker states that "pain is worsening lately due to medications being cut down", which is "reducing his function at home and causing anxiety" per 8/19/14 report. Based on the 8/19/14 progress report provided by [redacted] the diagnoses are: 1. lumbago2. lower back painExam on 7/22/14 showed "reduced L-spine range of motion with decreased flexion/extension/ lateral bending." Injured worker's treatment history includes vocational rehabilitation, unspecified. [redacted] is requesting kidney/bladder ultrasound due to low back pain. The utilization review determination being challenged is dated 9/25/14 and denies request due to lack of documentation of neurologic abnormalities, possible kidney stones, or urinalysis findings. [redacted] is the requesting provider, and he provided treatment reports from 3/4/14 to 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kidney/Bladder Ultrasound Due to Low Back Pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Spinal Cord Med. 2006;29(5): 527-573. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1949036/:

Decision rationale: This injured worker presents with back pain and bilateral leg pain. The treating physician has asked for kidney/bladder ultrasound due to low back pain on 8/19/14 "which is standard of care in patients with spinal cord injuries." Review of the reports does not show any evidence of abdominal ultrasounds being done in the past. Injured worker tried a "SP catheter" but had too much incontinence, and needs a system to go over his penis because he has a problem with urethral necrosis per 5/6/14 report. Regarding bladder ultrasound, J Spinal Cord Med 2006 under Urologic Evaluation recommends it including renal scans, possible Computed Tomography (CT), to help manage both upper and lower tracts. Given the injured worker's spinal cord injury and issues with urethral problem and neurogenic bladder, the request for Kidney/ Bladder Ultrasound Due to Low Back Pain is medically necessary.