

Case Number:	CM14-0167811		
Date Assigned:	10/15/2014	Date of Injury:	05/23/2008
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Texas. 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 Medical records reflect the claimant is a 44 year old female who sustained a work injury on 5-28-08. The claimant had an MRI in 2013 that showed disc protrusions at L3-L4 and L5-S1 with impingement at the left S1 nerve root. The claimant had an epidural steroid injection on 4-10-14 with temporary improvement. Trigger point injections were performed on 5-14-14. An office visit on 8-11-14 notes the claimant had urinary incontinence moderately controlled on Ditropan. An office visit on 10-1-14 notes the claimant is attending physical therapy and reporting improvement of her pain symptoms. She is well managed on Ditropan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Urology Consultation and Treatment: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page Independent Medical Examinations and Consultations pages 503-524

Decision rationale: The ACOEM notes that a consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Medical Records reflect the claimant has urinary incontinence well managed with Ditropan. There is no indication of worsening of her urinary condition to support follow-up Urology Consultation and Treatment. Therefore, the medical necessity of this request is not established.

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: National Kidney and Urologic diseases information clearinghouse

Decision rationale: The National Kidney and Urologic diseases information clearinghouse notes that Urodynamic testing is any procedure that looks at how well the bladder, sphincters, and urethra are storing and releasing urine. Most urodynamic tests focus on the bladder's ability to hold urine and empty steadily and completely. Urodynamic tests can also show whether the bladder is having involuntary contractions that cause urine leakage. Medical Records reflect the claimant has urinary incontinence well managed with Ditropan. There is no indication of worsening of her urinary condition to support Urodynamic Studies. Additionally, this request is nonspecific without documentation as to what specific testing is being requested. Therefore, the medical necessity of this request is not established.