

Case Number:	CM14-0091464		
Date Assigned:	07/25/2014	Date of Injury:	07/30/2007
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational 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:

This 59 year old patient had a date of injury on 7/30/2007. The mechanism of injury was not noted. In a progress noted dated 4/9/2014, subjective findings included frequency, trouble starting and holding urine. On a physical exam dated 4/9/2014, objective findings included sexual impotency and prostate trouble. Diagnostic impression showed lumbosacral neuritis, right groin pain, obesity NOS. Treatment to date includes medication therapy, and behavioral modification. A UR decision dated 5/19/2014 denied the request for, X-ray of the kidney, ureter and bladder between 5/16/2014 and 6/30/2014, stating that the documentation did not indicate the patient was suspected of having a kidney stone. The documentation indicated the patient had a history of kidney stone, but not when the previous stone had passed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Kidney, Ureter and Bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.sciencedirect.com/science/article/pii/S002253470565272X>;
<http://onlinelibrary.wiley.com/doi/10.1111/j.1464.>

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://www.healthline.com/health/kidney-ureter-and-bladder-x-ray-study#Overview1>.

Decision rationale: MTUS and ODG do not address this issue. A kidney, ureter and bladder study is an X-ray procedure that assesses the organs of the urinary system and gastrointestinal system. Physicians use this procedure to help diagnose urinary disorders. The study can also help identify kidney stones and certain types of gallstones. In a progress note dated 4/9/2014, the patient says he had kidney stones in 2012, and 2013. It was unclear, however, whether the patient was suffering from a kidney stone recently. Therefore, the request for X ray of the kidney, bladder, and ureter is not medically necessary.