MAXIMUS Federal Services

Case Number:	CM14-0213797		
Date Assigned:	12/31/2014	Date of Injury:	12/29/2006
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 52-year old female with date of injury 12/29/06. The treating physician report dated 11/11/14 (141) indicates that the patient presents with multiple areas of pain, she rated her low back pain at 7-8/10, her neck pain at 8/10, bilateral groin pain at 9/10, left lower extremity pain at 8/10 and right lower extremity pain at 8/10. She additionally has urological issues involving incontinence and involuntarily urinating. The physical examination findings reveal the patient complains of constant throbbing pain at the lumbosacral junction extending to both buttocks with a focus at the coccyx. The pain radiates down the patient's left leg to the big toe. The patient continues to remain off work. Prior treatment history includes use of medications, CT scan, vascular study use of compression stockings. The current diagnoses are: Postlaminectomy syndrome, lumbar region, Neuralgia, neuritis and radiculitis, unspecified, Degeneration of cervical intervertebral disc, Carpal tunnel syndrome, GERD (gastroesophageal reflux disease), Chronic lumbar radiculopathy, Venous stasis of lower extremity, Autonomous neurogenic bladder, Opioid addiction, Depression and anxiety, Autonomous neurogenic bladder of the sensory deficit type, Stress urinary incontinence. The utilization review report dated 12/5/14 denied the request for Urological diagnostic testing based on Medscape.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urological diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient presents with pelvic discomfort, burning on urination and the finding of blood in her urine. The current request is for Urological diagnostic testing. The treating report dated 11/11/14 (141) states, "following the lumbar spine surgery ... patient developed an autonomous neurogenic bladder of the sensory deficit type which allowed her bladder to fill to volumes it was never designed to hold which caused stress urinary incontinence." The treating physician report dated 6/30/14 (168) states, "the patient was previously informed about the need to undergo previously recommended diagnostic testing to better understand and treat her urological condition that has been getting worse since she has not been able to receive treatment. My office will pursue the tests that were requested in October, 2013." Unfortunately, there is neither additional detail regarding the proposed Urological diagnostic testing nor the October 2013 treating report to determine if this proposed treatment could be authorized. MTUS requires much greater specifics to determine the medical need. In this case, the clinical history has not documented the specific urological diagnostic testing needed. Therefore, recommendation is for denial.