

Case Number:	CM15-0115905		
Date Assigned:	06/24/2015	Date of Injury:	01/31/2005
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic neck, hand, and shoulder pain with upper extremity paresthesias reportedly associated with an industrial injury of January 31, 2005. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve requests for ultrasound imaging of the abdomen and urodynamic testing. An April 29, 2015 order form and an associated progress note were referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated May 18, 2015, ultrasound imaging of the abdomen and a urology referral were retrospectively sought for a stated diagnosis of neurogenic bladder. On April 29, 2015, the applicant reported issues with difficulty urinating, nocturia, urinary hesitancy, and slow urinary stream. The applicant's symptoms were seemingly worse in the winter, it was reported. The applicant also had ongoing issues with chronic neck and low back pain, it was reported, with associated lower extremity paresthesias. The applicant's BMI was 25, it was suggested. Urine dipstick done in the clinic was apparently within normal limits. A basic metabolic panel, ultrasound imaging of the abdomen, and urodynamic testing were endorsed. The applicant exhibited a post-void residual volume of 456 ml. It was suggested that the applicant had urinary retention from a neurogenic bladder versus benign prostatic hypertrophy. The attending provider did not furnish a clear rationale for the ultrasound of the abdomen but stated that he wished for the applicant to undergo ultrasound imaging of the abdomen to include the kidneys. The applicant's most recent serum potassium was 5.2, it was reported, with the most recent serum creatinine of 0.91.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultrasound abdomen (dos 4/19/15) Qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National library of medicine, National institute of health abdominal health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. AIUM Practice Guideline for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum Indications/Contraindications Indications for an ultrasound examination of the abdomen and/or retroperitoneum include but are not limited to: 1. Follow-up of known or suspected abnormalities in the abdomen and/or retroperitoneum. 2. AIUM Practice Guideline for the Performance of an Ultrasound Examination in the Practice of Urology Indications. Indications for an ultrasound examination of the kidney and/or bladder include but are not limited to: Abnormal laboratory values or abnormal findings on other imaging examinations suggestive of kidney and/or bladder pathology-Follow-up of known or suspected abnormalities in the kidney and /or bladder.

Decision rationale: Yes, the request for a retrospective abdominal ultrasound was medically necessary, medically appropriate, and indicated here. The MTUS did not address the topic. However, the American Institute for Ultrasound and Medicine (AIUM) notes that indications for abdominal ultrasound imaging include the follow-up of known or suspected abnormalities in the abdomen or retroperitoneum. Here, the attending provider suggested that the applicant had issues with urinary hesitancy and urinary retention. The American Institute for Ultrasound and Medicine (AIUM) also notes that indications for ultrasound testing of the kidney (one of the organs in the abdomen) include the follow-up of known or suspected abnormalities in the kidney and/or bladder as well as abnormal laboratory value suggestive of renal or bladder pathology. Here, the applicant did apparently have an elevated serum potassium of 5.2, it was reported on April 29, 2015. The applicant was described as having issues with urinary retention with a post-void residual volume of 456 in the clinic setting on April 29, 2015. Obtaining ultrasound imaging of the abdomen to include the kidneys to delineate the extent of the applicant's renal abnormalities (if any) was, thus, indicated. Therefore, the request was medically necessary.

Retrospective Urodynamics (dos 4/29/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna-urinary incontinence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.auanet.org/education/guidelines/adult-urodynamics.cfm>URODYNAMICS/AUA/SUFU GUIDELINE Neurogenic Bladder (NGB)9. Clinicians should perform PVR assessment, either as part of a complete urodynamic study or separately, during the initial urological evaluation of patients with relevant neurological

conditions (e.g., spinal cord injury and myelomeningocele) and as part of ongoing follow-up when appropriate. (Standard; Evidence Strength: Grade B).

Decision rationale: Similarly, the request for retrospective urodynamic testing to include assessment of the applicant's post-void residual was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Urologic Association (AUA) notes that clinicians should perform a post-void residual assessment, either as part of a complete urodynamic assessment or separately, as part of ongoing follow-up when appropriate in applicants with suspected neurogenic bladder issues. Here, the applicant presented on the April 29, 2015 office visit in question with heightened symptoms of urinary retention. The post-void residual volume portion of the request was positive and did uncover a post-void residual volume of 456 ml. The urodynamic testing and post-void residual in question, were, thus, indicated to evaluate the applicant's reportedly worsening issues with urinary retention. Therefore, the request was medically necessary.