

Case Number:	CM15-0125304		
Date Assigned:	07/09/2015	Date of Injury:	12/29/2006
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 12/29/2006. The medical records submitted for this review did not include documentation of the initial injury. Diagnoses include post laminectomy syndrome, radiculitis, degeneration of the cervical spine disc, carpal tunnel syndrome, venous stasis of lower extremity, neurogenic bladder, gastroesophageal syndrome (GERD), and status post lumbar fusion in 2009. Treatments to date include activity modification, medication therapy, physical therapy, psychotherapy, sacroiliac joint injection, unsuccessful spinal cord stimulator trial. Currently, she complained of ongoing low back pain associated with numbness and pain in bilateral lower extremities. There was pain present of the left side of the head, the back and left leg. There was bilateral arm numbness with sensation of burning and numbness and redness in bilateral fingers. There was also constant pelvic discomfort, burning and occasional blood in the urine. The medical records indicated surgical injury to spinal nerve resulting in a decompensated autonomous neurogenic bladder of the sensory deficit type that is not improved with Kegel pelvic floor exercises. On 6/10/15, the physical examination documented bilateral hand and ankle/feet edema with blotchy erythema over lower legs down to feet. The lumbar spine demonstrated decreased range of motion and tenderness. The plan of care included urological diagnostic tests per urology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urological diagnostic tests: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.hopkinsmedicine.org/healthlibrary/test_procedures/urology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, peripheral edema.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines on the evaluation of peripheral edema do recommend urologic testing for protein to rule out a primary renal cause of persistent peripheral edema. The patient has persistent peripheral edema therefore, the request is medically necessary and certified.