

<b>Case Number:</b>	CM15-0128964		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Urology

### 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(n) 50-year-old male, who sustained an industrial injury on 7/19/99. He reported pain in his neck and head. The injured worker was diagnosed as having hypertonicity bladder. Treatment to date has included psychiatric treatments, Vesicare, Tamsulosin, Clonazepam, Baclofen, Fanapt and Brintellix. On 5/13/15, the injured worker had 43cc of urine residual volume measured and hypervascularity. As of the PR2 dated 5/12/15, the injured worker presents for Botox injections for migraines and cervical torticollis. The treating physician requested a PVR-bladder scan-Ultrasound, pelvic (nonobstetric).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PVR-bladder scan/Ultrasound, pelvic (nonobstetric): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearin house, Neurogenic lower urinary tract dysfunction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.Roehrborn C. Current medical therapies for men with lower urinary symptoms and benign prostatic hypertrophy: achievements and limitations. Rev

Urol. 2008; 10(1):14-25. 2. American urological association guideline: management of benign prostatic hyperplasia (BPH): <http://www.auanet.org/education/guidelines/benign-prostatic-hyperplasia.cfm>.

**Decision rationale:** PVR-bladder scan-Ultrasound is a useful study to monitor results of treatment and progression of disease in patients with neurogenic bladder and BPH. The initial bladder scan on 5/13/15 indicated a post-void residual of 43 cc. Cystoscopy indicated a trabeculated bladder and BPH. Therefore, the request is medically necessary.