

Case Number:	CM15-0173039		
Date Assigned:	09/15/2015	Date of Injury:	09/19/2012
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 62 year old female, who sustained an industrial injury on 9-19-12. The injured worker was diagnosed as having lumbago; lumbar disc displacement; lumbar region sprain; neurogenic bladder; lumbar region sprain. Treatment to date has included physical therapy; status post right heel debridement; medications. Diagnostics studies included Urodynamic studies (2-23-15). Currently, the PR-2 notes dated 7-14-15 indicated the injured worker's right heel improving and low back pain improving. Objective findings note a pressure sore on the right heel. The treatment plan included home care for the right heel and physical therapy 2 x week for a week. The provider also submitted the prescriptions for medications with this PR-2. A Qualified Medical Re-evaluation (QME) dated 4-29-15 described the clinical history for this injured worker. It reviewed the initial injury of low back pain and right shoulder pain. She had a right shoulder surgery in July of 2013. And then August 7, 2013 she underwent lumbar spine surgery. The provider notes that after this surgery, "the patient could not feel her legs and that she lost control of her bowel movement and urination." The notes indicate she was unable to sit or stand on her own and still needed close supervision when ambulating after outpatient physical therapy. The provider documents "Around October 2013, an indwelling Foley catheter was placed to help drain her bladder." A PR-2 dated 5-27-15 is from a Urologist Specialty. The notes indicated the injured worker presented with bladder issues. "Note for 'Bladder Issues': Neurogenic bladder post back injury and spinal surgery. High-pressure bladder puts kidneys at risk. Patient is unable to empty bladder and intermittent self-catheterization

required. Bladder spasms continue with high pressures and two medications required to lower bladder pressures: Myrbetriq and Tolterodine. Incontinence is much improved on the combination. She is unable to void when having bowel movements but even then does not empty bladder well." He notes she has no interval UTI or hematuria, no flank pain, chills or fever. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-19-15 and non-certification was for retro date of service: 7-14-15 intermittent urinary catheter. Utilization Review denied the service stating "there was no clinical information submitted for the dated of service requested. The most recent clinical provided is dated 4-29-15." The provider is requesting authorization of retro date of service: 7-14-15 intermittent urinary catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7-14-15 intermittent urinary catheter: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com, Placement and management of urinary bladder catheters.

Decision rationale: MTUS is silent reference intermittent urinary catheterization. Uptodate.com states "Intermittent-Intermittent catheterization, which is the removal of the catheter immediately after bladder decompression with re-catheterization on a scheduled basis, is an alternative to indwelling catheterization. When intermittent catheterization is used, it must be performed at regular intervals to prevent bladder overdistention [18, 23]. (See 'Clean intermittent catheterization' below). Intermittent urethral catheterization can be used for either short- or long-term management of urinary retention or neurogenic bladder dysfunction (eg, patients with spinal cord dysfunction, myelomeningocele, or bladder atonia) [18, 24-26]. D". This patient is diagnosed with neurogenic bladder post spinal surgery. The treating physician documents urinary retention. Intermittent catheterization is warranted. As such, the request for Retro DOS: 7-14-15 intermittent urinary catheter is medically necessary.