

Case Number:	CM15-0178639		
Date Assigned:	09/18/2015	Date of Injury:	05/17/2000
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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: California

Certification(s)/Specialty: Internal 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 55-year-old female, who sustained an industrial injury on May 17, 2000. The injured worker was being treated for mixed incontinence urge and stress, neurogenic bladder, and status post cerebrovascular accident (CVA). Medical records (February 18, 2015 to July 28, 2015) indicate progressive worsening of ongoing urinary incontinence including stress and urge incontinence. The injured worker reports she feels she does not completely empty her bladder and gets up at least 4 times per night. She has a history of occasional enuresis. The physical exam (July 28, 2015) reveals a soft, non-tender abdomen, normal bowel sounds, no masses or organomegaly. The pelvic exam reveals a cystocele and rectocele. There was 70 cc of post void residual revealed on a post void residual ultrasound. The neuro urologic exam is intact. Surgeries to date have included a hysterectomy in 1995, anterior cervical discectomy and fusion in 2002, lumbar laminectomy at L5-S2 (lumbar 5-sacral 2) in 2002, revision fusion of cervical spine at C4-7 (cervical 4-7) in 2010, posterior lumbar fusion at L3-S1 (lumbar 3-sacral 1) in 2010, and posterior L1-L2 (lumbar 1-lumbar 2) fusion in 2012. Treatment has included pain, proton pump inhibitor, antidepressant, and antihypertensive medications. Per the treating physician (July 28, 2015 report), the injured worker has not returned to work. The requested treatments included an intra-abdominal pressure test. On August 14, 2015, the original utilization review non-certified a request for an intra-abdominal pressure tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intra-abdominal pressure test: 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 London Health Sciences Centre EDUBRIEFS in CCTC Abdominal Compartment Pressure Monitoring On-Line Version; Revised: May8, 2008, July 23, 2010 Reviewed: March 19, 2010.

Decision rationale: Both ODG and MTUS are silent on the topic of intra-abdominal pressure testing. Abdominal compartment pressure monitoring is the measurement of the pressure inside the abdominal compartment and can be measured by inserting a catheter into the abdominal compartment, or indirectly, by monitoring the pressure in the bladder, stomach or other cavities. The pressure inside the abdominal compartment can increase following trauma, because of the accumulation of blood, fluid or edema. Non-traumatic bowel ischemia/infarction or gastrointestinal hemorrhage can also lead to increased pressure in the abdominal compartment as ischemic cells swell or fluids collect. In this case, the patient has had multiple spine and abdominal surgeries, is being evaluated for stress, and urges incontinence. Since the measurement of intra-abdominal pressure is relatively noninvasive and can help provide information as the cause of the incontinence, it is recommended as part of the initial evaluation for this patient's incontinence. Therefore, based on the current available guidelines and the evidence in this case, the request for 1 intra-abdominal pressure test is medically necessary.