

Case Number:	CM15-0077765		
Date Assigned:	04/29/2015	Date of Injury:	07/19/1999
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old male, who sustained an industrial injury on July 19, 1999. He has reported leg pain, difficulty urinating, and sleep disturbances. Diagnoses have included cervical spine myelopathy with torticollis and neurogenic bladder and bowel, chronic pain, osteoporosis from medication induced hypogonadism, and thoracic and lumbar spondylosis with disc herniations and cord compression. Treatment to date has included medications and imaging studies. A progress note dated March 4, 2015 indicates a chief complaint of increased urination frequency, no sleep, and leg pain. The treating physician requested authorization for a cystoscopy, medications, and urodynamics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamics: 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 Campbell-Walsh Urology 10th Edition.

Decision rationale: The patient is a 50 year old male with an injury on 07/19/1999. He had a neurogenic bladder and bowel, difficulty urinating and increased urinary frequency. A urodynamic study is medically necessary to evaluate this patient. It is standard of care.