

<b>Case Number:</b>	CM15-0079379		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 40 year old female, who sustained an industrial injury on October 13, 2013. The injured worker was diagnosed as having lumbosacral spondylolisthesis, lumbar stenosis, knee pain, lumbosacral degenerative disc disease (DDD), lower extremity radiculopathy and status post lumbosacral fusion. Treatment to date has included x-ray, surgery, therapy and medication. A progress note dated March 27, 2015 provides the injured worker complains of neck, right shoulder and low back pain radiating to right leg and foot. She rates the pain 7 out of 10 without medication and 5 out of 10 with medication. Physical exam notes a normal gait, well healed surgical lumbar scar, no tenderness to palpation, normal strength and decreased range of motion (ROM). Review of lumbar x-rays reveals fusion and interbody disc spacer. The plan includes additional physical therapy, medication and cystoscopy and cystometrogram and auro flow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cytoscopy/Cystometrogram and Uroflow:** 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 DIAGNOSIS AND TREATMENT OF OVERACTIVE BLADDER (Non-Neurogenic) IN ADULTS: AUA/SUFU GUIDELINE : <https://www.auanet.org/education/guidelines/overactive-bladder.cfm>.

**Decision rationale:** Medical records provided indicate that the patient has developed urge urinary incontinence following her injury. Evaluation with Cystoscopy/Cystometrograph and Uroflow is appropriate and indicated, particularly since she may have neurogenic bladder dysfunction. Therefore, the request for Cystoscopy/Cystometrograph and Uroflow is medically necessary.

## **6 Physical Therapy Visits to Lumbar: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. The patient has previously been authorized to attend 36 visits of PT for the lumbar, and the previous Utilization Reviewer modified the current request allowing two more visits. Therefore, 6 physical therapy visits to lumbar spine is not medically necessary.