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| <b>Case Number:</b>   | CM15-0099234 |                              |            |
| <b>Date Assigned:</b> | 06/01/2015   | <b>Date of Injury:</b>       | 01/03/2010 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 05/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/22/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 59-year-old female who sustained a work related injury January 3, 2010. While lifting a patient from a wheelchair, the patient inadvertently leaned on her and she could hear a snap in her back. According to a urology consultation, dated April 28, 2015, the injured worker presented with a 2-year history of urinary incontinence and retention, inability to empty bladder and poor bladder control, with leakage consistent with stress and urge incontinence. She is gravida 13, para 3, post-menopausal and has not had a hysterectomy. Assessment is documented as neurogenic bladder after damaging L4, L5, and S1 injury, and has become aware of her incontinence since 2/13/2015. Recommendations and plan included intravenous pyelogram, CMG (cystometrogram) cystoscopy, and Marshall stress test. The pelvic exam was deferred. A clinical psychologists report, dated April 7, 2015, documented the injured workers concern of a previous urologist consultation and not having a comfort level to return to him for treatment. According to a primary treating physician's progress report, dated April 13, 2015, the injured worker presented for pharmacological management. She complains of back pain and left leg pain. She mentions an unfortunate experience with the recent urologist and does not want to return to see him. The right foot pain is described as moderate, burning numbness, which escalates with activity. She reports, the nocturnal spasms are responding to Zanaflex. Diagnoses are lumbosacral spondylosis; displacement lumbar disc without myelopathy; degeneration lumbar disc; lumbago. Treatment plan included medication, and at issue, a request for authorization, dated May 1, 2015, for a urology referral, change in providers.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urology Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286.

**Decision rationale:** This 59 year old female has complained of low back pain and urinary symptoms since date of injury 1/3/10. She has been treated with medications. The current request is for urology referral. The available medical records document that the patient has seen a urologist since certification of the urology consultation request on 3/4/15. The medical records do not document the findings or treatment recommendations that resulted from this urologic consultation. There is inadequate documentation therefore necessitating an additional urologic consultation. On the basis of the available medical records and per the ACOEM guidelines cited above, urologic consultation is not indicated as medically necessary.