MAXIMUS Federal Services

Case Number:	CM13-0008545		
Date Assigned:	11/08/2013	Date of Injury:	11/13/1979
Decision Date:	11/11/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an older male with prostatic hyperplasia and sensory neurogenic bladder leading to low flow rates and significant post void residuals on urodynamic assessment. He has erectile dysfunction due to sensory neurogenic causes that are deemed to be industrially related. His symptoms of prostatism are partly due to the natural, non industrial condition of prostatic benign hyperplasia and partly due to industrial cause of sensory neurogenic dysfunction of sacral nerves. The patient is unable to tolerate phosphodiesterase inhibitors. He is not interested in testosterone 5 alpha reductase inhibitors due to sexual side effects. Therefore, the provider is recommended microwave treatment of the prostate to diminish prostatic hyperplasia and allow better voiding function.

IMR ISSUES, DECISIONS AND RATIONALES

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

MICROWAVE THERMATRIX TREATMENT OF THE PROSTATE GLAND:
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 Albala D, Andriole G, Davis B, Eure G, Kabalin J, Lingeman J, Nuzzarello. Transurethral microwave thermotherapy (TUMT) using the TherMatrx

TMX-2000â¿¢ for treatement of benign prostatic hyperplasia: 5-year follow-up of multicentre randomised pivotal trial. Eur Urol Apr 2006;5(2 suppl.):234 abstract 846.

Decision rationale: Transuretheral microwave thermal therapy (TUMT) is an accepted and FDA approved treatment for prostatic hyperplasia which is safe and effective. It has been licensed since 2001 and used in over 75000 men with extensive five year follow up data available. Since the patient in question is not a candidate for apha reductase therapy and has significant bladder outflow obstruction due in part to non industrial benign prostatic hyperplasia, TUMT is medically appropriate and recommended for certification. It should be noted that the treatment of TUMT is being used for a non industrial condition and whether or not it is reimbursed under the jurisdiction of the insurer is beyond the scope of this review. The review only affirms the medical appropriateness of the treatment for this patient.