

Case Number:	CM13-0019360		
Date Assigned:	12/11/2013	Date of Injury:	06/01/2010
Decision Date:	02/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 59-year-old male who reported a work-related injury on 06/01/2010 as a result of repetitive strain to the cervical spine and bilateral upper extremities. The patient is subsequently status post a C4-7 anterior cervical discectomy and fusion as well as left shoulder surgical interventions, date of procedure not stated. The clinical note dated 07/25/2013 reported that the patient was seen in consultation under the care of [REDACTED]. The provider documented that the patient was seen under evaluation for neurology symptomatology. The provider documented that the patient had some mild frequency nocturia prior to which was related to diabetes, and the patient reported that this was better controlled. The patient reported an abrupt change in both his urinary and sexual symptomatology that coincided with his increase in his cervical spine pain complaints. The patient reported that he had developed significant hesitancy, having to wait several minutes prior to initiating stream and straining to urinate although he does feel as though he empties his bladder completely. The provider documented that the patient had only rare nocturia and no urgency. The patient utilized metformin, glyburide and pravastatin. The provider documented that a postvoid residual by ultrasound was 0. The provider documented that the patient's prostate was not terribly enlarged although it was possible that there was a component of benign prostate hyperplasia contributing to the patient's urinary symptomatology. The provider recommended a trial of Cialis and performing a urodynamic voiding trial to better assess the voiding components of the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamic test: Upheld

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 Winters, J. Christian, et al. "Urodynamic studies in adults: AUA/SUFU guideline." The Journal of urology 188.6 (2012): 2464-2472.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reported that the patient presented with only rare nocturia and no complaints of urgency. The patient's self-reporting form dated 07/25/2013, when the patient presented for consultation under the care of [REDACTED], reported that the patient stated 1 time of getting up to urinate in the night. The provider documented that the patient, upon ultrasound exam of the bladder, had no evidence of postvoid residual. The California MTUS, ACOEM and the Official Disability Guidelines do not specifically address the request. The Journal of Urology documents, "A systematic review of the literature using the Medline and Embase databases was conducted to identify peer-reviewed publications relevant to using urodynamic tests for diagnosis, determining prognosis and guiding clinical management decisions and improving patient outcomes in patients with various urologic conditions." Given the lack of objective symptomatology upon exam of the patient with no postresidual retention evidenced via ultrasound as well as the patient reporting only rare nocturia and no complaints of urgency, the request for a urodynamic test is not medically necessary nor appropriate.