

Case Number:	CM13-0024080		
Date Assigned:	11/20/2013	Date of Injury:	04/24/2009
Decision Date:	02/04/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Medicine, has a subspecialty in Physical 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 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male claimant sustained a cervical and lumbar injury on April 24, 2009. He had a diagnosis of lumbar strain, spondylolisthesis of the lumbar spine with stenosis and radiculopathy. Due to the above he also suffered from urinary incontinence. Due to continued pain he received a lumbar spinal fusion surgery in Sept 2012. He otherwise had no chronic medical history including heart disease, renal failure or diabetes. He had an echocardiogram in September 2012 which was unremarkable as well as normal laboratory results. A report on December 17, 2012 had noted that his incontinence was worsening since lumbar spine surgery. Due to the persistent incontinence, he had a urological evaluation on May 28, 2013. At the time the urinalysis was normal. An ultrasound of the bladder showed a 15 cc prostate and 92cc of urine residual volume. A request was made for a urine diary, urodynamics studies, cystoscopy and a preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Circulation 2001 Pg 418-500 and table 2- Based on AHA guidelines

Decision rationale: The MTUS and ACOEM guidelines do not give criteria for pre-op clearance. Urodynamic studies are considered low risk procedures. In this case, the claimant had a complicated spinal surgery within the past year. He had an unremarkable cardiac workup within the year. He has no cardiac risk factors and tolerates therapy. According the American Heart Association guidelines, a Pre-Op clearance is not needed. Based on the history and guidelines, a Pre-Op clearance is not medically necessary.

Urodynamics: 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 Urodynamic Studies in Adults: AUA/SUFU Guideline 2012, J. Christian Winters, Roger R. Dmochowski, Howard B. Goldman, C.D. Anthony Herndon, Kathleen C. Kobashi, Stephen R. Kraus, Gary E. Lemack, Victor W. Nitti, Eric S. Rovner, Alan J. Wein.

Decision rationale: The MTUS and ACOEM guidelines do not give criteria for Urodynamic studies. Degenerative spinal disease can result in acute or chronic urinary incontinence. Factors associated with its development include gender, BMI, radicular weakness and the type of degenerative disease. Surgical treatment improved or eliminated the symptoms of urinary incontinence in more than half of the patients affected. Based on the American Urological Society Recommendations: Multichannel UDS are an optional preoperative study in patients considering surgical therapy for SUI. Information obtained from a multichannel UDS study may confirm or refute a diagnosis made based on history, physical examination, and stress test alone. UDS may also facilitate specific treatment selection and provide important data that promote full and accurate preoperative patient counseling. Thus, before performing invasive treatment for SUI, clinicians may choose to obtain such studies in selected patients, which may be particularly helpful in the complicated patient. UDS are not absolutely necessary as a component of the preoperative evaluation in the uncomplicated patient. These findings are compatible with the most recently published Urinary Incontinence Treatment Network multi-center trial, which concluded that urodynamics studies did not enhance the predictive value regarding treatment outcomes when compared to an office assessment alone. As a result, base on the information and weak evidence, UDS studies are not medically necessary.