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| <b>Case Number:</b>   | CM13-0028987 |                              |            |
| <b>Date Assigned:</b> | 02/03/2014   | <b>Date of Injury:</b>       | 05/18/2011 |
| <b>Decision Date:</b> | 05/29/2014   | <b>UR Denial Date:</b>       | 09/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for vaginal prolapse associated with an industrial injury date of May 18, 2011. The patient underwent robotic sacrocolpopexy with lysis of adhesions and trans-obturator tape (TOT) sling in June 2013. The operative report did not discuss any findings concerning the bladder nor were there any complications concerning the bladder. The patient reported to the emergency room due passage of stones through the urinary tract with bleeding. She has since had improved bladder symptoms but still has a mild residual urinary incontinence related to purge and walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VOIDING CYSTOGRAM IN CONTRAST WITH PRIOR EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology Practice Guidelines for The Performance of Adult Cystography and Urethrography.

**Decision rationale:** The California MTUS does not address voiding cystogram in contrast specifically. According to the Strength of Evidence hierarchy established by the California

Department of Industrial Relations, Division of Workers' Compensation, the American College of Radiology (ACR) Practice Guidelines for The Performance of Adult Cystography and Urethrography was used instead. The ACR practice guidelines state that cystography is indicated for evaluation of integrity of post operative anastomoses for suture lines, bladder morphology, bladder diverticula, incontinence, hematuria, suspected rupture or fistulae, and postvoid residual volume. In this case, the patient had sacrocolpopexy with no operative findings concerning the bladder. The follow-up clinic visit noted that urinary incontinence symptoms were significantly improved. The patient passed stones which may explain the hematuria the patient experienced. Otherwise, there were no indications that the patient suffered any trauma. There was no discussion concerning the indication for this diagnostic procedure. Therefore, the request for voiding cystogram and contrast is not medically necessary.