

Case Number:	CM13-0057117		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2012
Decision Date:	03/31/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Practice and is licensed to practice in 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 43-year-old male who reported an injury on 09/24/2012. The patient was injured when he slipped and fell into his coworker, who lost control of the nail gun and shot the patient in his abdomen. The patient is currently diagnosed with ejaculatory dysfunction, erectile dysfunction, sexual dysfunction, and voiding dysfunction. The patient was seen by [REDACTED] on 09/04/2013. Physical examination revealed normal findings. Treatment recommendations included discontinuation of current medication, urodynamic studies, and a cystoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamic studies:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wein (Ed.) Campbell- Walsh Urology. Saunders. 10th ed. 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Kidney and Urologic Diseases Information Clearinghouse. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). Updated February 5, 2014.

Decision rationale: Urodynamic testing is any procedure that looks at how well the bladder, sphincters, and urethra are storing and releasing urine. Low urinary tract symptoms include urine leakage, frequent urination, painful urination, sudden and strong urges to urinate, problems initiating a urine stream, problems emptying the bladder completely, and recurrent urinary tract infections. Although the patient does report frequent urination, sudden and strong urges to urinate, and problems starting a urine stream, the requesting physician suggested that the patient's symptoms are likely the result of the patient's current medications. The physician has also recommended discontinuation of current medications. Further diagnostic studies should not be performed until all other causes are ruled out. Therefore, the request for urodynamic studies is not medically necessary and appropriate.

Cystoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wein (Ed.) Campbell- Walsh Urology. Saunders. 10th ed. 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Kidney and Urologic Diseases Information Clearinghouse. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). Updated February 5, 2014.

Decision rationale: A physician may perform a cystoscopy to find the cause of urinary conditions, including frequent urinary tract infections, hematuria, frequent and urgent need to urinate, unusual cells found in a urine sample, painful urination, urinary blockage, kidney stone, and unusual growth. Although the patient does report frequent and urgent need to urinate, the patient has previously undergone a cystoscopy on 01/10/2013, which provided normal findings. The requesting physician has also suggested that the patient's symptoms are likely the result of the prescription medications. The physician recommended discontinuation of the patient's current medications. Prior to performing additional repeat procedures, all other causes should be ruled out. Based on the clinical information received, the request for cystoscopy is not medically necessary and appropriate