

<b>Case Number:</b>	CM13-0058321		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 General Surgery 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:

This patient is a 59 year old male who sustained an injury on 7/15/05. At present he has a post laminectomy syndrome, a neurogenic bladder, benign prostatic hypertrophy, stress incontinence, and urgency. The patient developed urgency, frequency, severe hourly nocturia, variable flow and uncertain emptying after his cervical and lumbar disc surgery in 2007. The requesting provider requested lab studies prior to cystourethroscopy. These results were said to have not yet been reported as of 10/25/13. A Basic metabolic panel and UA were reported 10/7/13 and had been within normal limits but for elevated serum glucose of 131 (65-99). A Urine C&S was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cystourethroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://emedicine.medscape.com/article/1988620-overview> - Cystoscopy and Urethroscopy in the Assessment of Urinary Incontinence

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cystoscopy and Urethroscopy in the Assessment of

Urinary Incontinence - Author: Raymond R Rackley, MD; Chief Editor: Edward David Kim, MD, FACS; Updated: Nov 7, 2013

**Decision rationale:** "Cystourethroscopy facilitates anatomical assessment of the bladder and the urethra. The precise role of cystourethroscopy in the evaluation of female urinary incontinence is controversial.[1] It may be more useful in assessing residual sphincteric function in males with postprostatectomy incontinence who are considering surgical treatment of their condition.[2] Specifically, surgeons may recommend a sling as opposed to an artificial sphincter in more mild cases of incontinence in which residual sphincter function is intact.[3] On the other hand, cystoscopy helps detect bladder lesions and identify other pathologies. These may include foreign bodies (eg, suture, mesh material from prior surgery for prolapse or incontinence), bladder cancer, and bladder stones --conditions that would otherwise remain undiagnosed if only urodynamic studies are performed. A visual inspection of the urethra can also establish a diagnosis of urethral stricture or identify urethral diverticulum. Such conditions may contribute to incontinence and irritative voiding symptoms." These are irritative voiding symptoms with urgency, incontinence, and possible incomplete voiding. The urine C&S was negative. The FBS was elevated. Renal functions were within normal limits. Therefore, this request is not medically necessary.