

Case Number:	CM13-0059802		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2009
Decision Date:	04/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, wrist pain, depression, and urinary dysfunction reportedly associated with an industrial injury of December 4, 2009. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; electrodiagnostic testing, apparently notable for carpal tunnel syndrome; and a functional restoration program. In a Utilization Review Report of November 8, 2013, the claims administrator denied a request for video urodynamic study and cystoscopy, citing non-MTUS Chapter 7 ACOEM Guidelines. The applicant subsequently appealed. In an appeal letter dated December 5, 2013, the attending provider writes that the applicant did consult an urologist on August 13, 2013, who endorsed video urodynamic testing to better assess the applicant's bladder and urethral function with associated cystoscopy to visually inspect and rule out any intravesicular pathology. There was evidence of pelvic prolapse previously appreciated. A urology nurse practitioner note of August 13, 2013 is specifically reviewed. The applicant has urinary urgency with an inability to postpone her ability to urinate. She often leaks urine. She often wakes up six times a night owing to the need to urinate. She is anxious and depressed, it is further noted. Urine is leaking with coughing and straining. A cystoscopy and urodynamic testing are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIDEO URODYNAMIC STUDY AND CYSTOSCOPY: Overturned

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, et al. (2012). Adult Urodynamics: UAU/SUFU Guidelines. American Urological Association (AUA) Guidelines. Retrieved from <https://www.auanet.org/education/guidelines/adult-urodynamics.cfm> , and Ghoniem et al. Cystoscopy, Retrived from Medscape: <http://>

Decision rationale: The MTUS does not address either topic of cystoscopy or urodynamic testing. As noted in the Medscape Cystoscopy article referenced below, indications for cystoscopy include evaluation of individuals with voiding symptoms, either storage or obstructive. In this case, the claimant does have voiding issues including nocturia, urinary leaking, urinary incontinence, etc. Performing a cystoscopy to better evaluate the same is indicated. Therefore, the cystoscopy component of the request is certified. Moreover, as noted by the American Urologic Association (AUA), urodynamics are recommended to help make the diagnosis of urodynamic stress incontinence. In this case, the claimant does have lower urinary tract symptoms including nocturia, urinary incontinence, urinary leaking, etc. as suggested by the attending provider and the American Urologic Association, urodynamic testing to help establish the diagnosis of stress urinary incontinence is indicated and appropriate here. Therefore, the original utilization review decision is overturned. Both the cystoscopy portion of the request and the urodynamic testing portion of the request are certified, on Independent Medical Review.