

<b>Case Number:</b>	CM13-0066872		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 52 year old female who reported an injury of unknown mechanism on 10/03/2002. In the clinical note dated 09/24/2013, the injured worker was seen for follow-up of recurrent urinary tract infections and kidney stones. It was noted that the injured worker had not had any recent episodes of urinary tract infections. It was documented that she continued with occasional urinary frequency and occasional urge and stress incontinence. It was also documented that she used 3-4 pads per day and continued with right flank pain that radiated down to her abdomen. A previous CT scan showed a 6 millimeter and an 8 millimeter stone in the right kidney. No physical examination was done at this clinical visit. A urinalysis revealed positive results for ketones and protein 30mg/dL, negative results for glucose, nitrites, and leukocytes. The specific gravity was 1.030 and pH 5.0. Diagnoses documented included, renal calculi status post three extracorporeal shockwave treatments, frequent urinary tract infections, urinary frequency with nocturia, mixed urinary incontinence (mild), constipation, depression, anxiety and left leg injury and multiple surgical procedures including above knee amputation. The treatment plan/discussion included request for authorization for cystoscopy with retrograde ureteroscopy and lithotripsy for stone removal, a CT scan of her abdomen and pelvis without contrast, and a preoperative evaluation from her primary care physician. The request for authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT URETEROSCOPY WITH LITHOTRIPSY UNDER GENERAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Kidney and Urology Diseases Information Clearinghouse(NKUDIC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fuchs, G.J., M.D., FACS, Koopman, S.G., M.D. (2012), Ureteroscopy for Ureteric Stones, Urolithiasis, Chapter 57, pages 463-472.

**Decision rationale:** In the chapter by Fuchs, G.J., M.D., FACS, Koopman, S.G., M.D. (2012), Ureteroscopy for Ureteric Stones, Urolithiasis, Chapter 57, pp 463-472, it was stated that the indication for ureteroscopic surgery included the treatment of stones in the course of the ureter with low likelihood for spontaneous passage, failed ESWL procedures, obstructive radiolucent stones (after failed medical therapy), concomitant ureteral and renal stones (when renal stone <1.0 cm), encrusted/calcified retained ureteral stents, stones and urinary diversion, morbidly obese patients with ureteral stones, patients with ureteral stones and coagulopathy and strictures of ureter (shorter than 1cm), strictures of ureteropelvic junction (with mild/moderate hydronephrosis), strictures of uretero-enteric anastomosis (ileum conduit) and and tissue diagnosis and removal of select ureteral TCC (low grade, papillary). It also states that ureteroscopy surgery with ESWL (Extracorporeal shockwave lithotripsy) for a stone-free rate are highly variable, and individual outcomes can vary significantly as ESWL results are highly dependent on patient selection (body habitus, patient mobility) and stone characteristics (size, hardness, location, degree of impaction), choice of lithotripter, and selection of the time to intervene. As for the use of general anesthesia, it states that both procedures are usually performed in an outpatient setting with anesthesia ranging from oral pain management over intravenous sedation to general or epidural anesthesia. In the clinical note, it was documented that the injured worker had 3 previous extracorporeal shockwave lithotripsy (ESWL) but the outcomes were not documented. The clinical note also lacked documentation of a physical examination of the ureteropelvic junction, and it is unknown if the stones would be able to pass spontaneously. In the subject of general anesthesia, it was addressed to have a few options for the procedures with oral pain management over intravenous being the first addressed. Therefore, the request for outpatient ureteroscopy with lithotripsy under general is not medically necessary.