

Case Number:	CM14-0013455		
Date Assigned:	02/26/2014	Date of Injury:	05/31/2006
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal 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 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 a 43-year-old male who was injured on 05/31/2006. Mechanism of injury is unknown. Prior treatment history has included the following medications: OxyContin, amitriptyline, oxycodone, Flomax and Voltaren. Diagnostic studies reviewed include urine culture and sensitivity report dated 10/16/2013 positive for streptococcus agalactiae. A renal ultrasound performed on 10/21/2013 was normal. An UroVysion report (FISH) dated 11/14/2013, showed 28 cells with normal signal pattern counted manually in addition to computer-assisted technology. Current test correlates with the latest test by different methodology. A cytology report dated 11/14/2013 revealed inflammatory cells and urothelial cells identified. A flexible cystoscopy on 11/17/2013 was normal. Progress note dated 11/14/2013 documented the patient has a neurogenic bladder caused by a fall. His spinal cord was injured at level C4 and C5. He does not have history of frequent urinary tract infections. He has not had a kidney stone. He has had a bladder stone. He initially was incontinent into a diaper and has been managing his bladder with a condom catheter for the past six years. He is on Flomax and denies issues with incomplete bladder emptying. Condom catheter is changed daily. No leakage, pain or hematuria. No symptoms of urinary tract infection (UTI). He had a urinary tract infection 10/16/2013 and is status post antibiotics in October 2013 for a UTI. He is currently asymptomatic. Urine is cloudy today and patient requests antibiotics for UTI. He denies urinary incontinence, painful urination and blood in urine. Diagnoses: 1) Neurogenic bladder 2) Urinary tract infection 3) Spinal cord injury. Utilization report dated 01/31/2014 did not certify the request for one follow up in 1-year cystoscopy and renal ultrasound. Cystoscopy is recommended if there are recurrent urinary tract infections, hematuria or other signs. The guidelines indicate that cystoscopy is only recommended when there are signs of bladder stones or bladder cancer. The patient does not have a history of frequent urinary tract infections or

hematuria and the November 2013 cytology and FISH tests were negative. Current treatment guidelines recommend annual renal ultrasound for patients with spinal cord injuries and the renal ultrasound is therefore medically indicated. Based on this information the request is modified to one follow-up in 1 year with renal ultrasound; the remaining cystoscopy and cytology are recommended non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FOLLOW UP IN 1 YEAR WITH CYSTOSCOPY AND RENAL UNTRASOUND:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Office Visits and 2) National Clinical Guideline Centre. Urinary incontinence in neurological disease. Management of lower urinary tract dysfunction in neurological disease. London (UK): National Institute for Health and Clinical Excellence (NICE); 2012 Aug. 40p (Clinical Guideline: no. 148).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Diagnosis and Management of Lower Urinary Tract Infection, <http://www.guideline.gov/syntheses/synthesis.aspx?id=35626&search=cystoscopy>.

Decision rationale: CA MTUS and ODG do not address the issue in dispute. The reference guidelines recommend cystoscopy for recurrent UTIs, hematuria, or other signs/symptoms, which warrant further evaluation. Cystoscopy is not recommended as routine screening. The clinical documents provided do not adequately discuss the indication for repeat cystoscopy. The patient had a cystoscopy in November 2013 which did not show any concerning findings that require monitoring. The patient does have a history of spinal cord injury and thus annual renal ultrasound is recommended. Based on the guidelines and criteria as well as the clinical documentation stated above, the overall request is not medically necessary.