

Case Number:	CM14-0179969		
Date Assigned:	11/04/2014	Date of Injury:	03/25/2009
Decision Date:	12/31/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in nephrology 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 56-year-old male who has submitted a claim for urinary incontinence, urethral stricture, possible neurogenic bladder, erectile dysfunction, systemic lupus erythematosus, hypothyroidism, fecal incontinence, depression and anxiety associated with an industrial injury date of 3/25/2009. Progress reports pertaining to urological disorder were not submitted for review. Per utilization review, the patient had urological evaluation on 7/17/2014. He complained of erectile dysfunction, decreased penile sensation and urinary incontinence. Trials of Stendra 200 and Viagra were ineffective. He had performed timed and double voiding to keep his residual urine volume low leading to minimization of incontinence. He did not use pads or diapers. The Urinalysis was negative for nitrites, glucose, ketones, leukocytes, and protein. The protein-to-creatinine ratio was normal. There were no white blood cells and red blood cells. A complex uroflow revealed a voided volume of 98 cc and a maximal flow rate of 6.3 cc/second. A post-void bladder scan revealed 26 cc of residual volume. Treatment to date has included right hemilaminectomy / discectomy and left thoracotomy at T6-T7 with fusion, right L3-L4 hemilaminectomy in 2012, spinal stimulator implantation on 8/2013, physical therapy and medications. The utilization review from 10/16/2014 denied the request for cystoscopy with IV sedation; urethral dilation because of low post void residual urine volume and there was no mention of difficulty voiding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy with IV Sedation; Urethral Dilation: Upheld

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 Gilbert, Scott M. "Cystoscopy." MedlinePlus 27 Oct. 2004 and National Library of Medicine, 20 May 2005

Decision rationale: CA MTUS does not address cystoscopy; however, according to the National Library of Medicine, cystoscopy is a diagnostic procedure for diagnosis of a number of abnormalities of the urinary tract including hematuria, urinary incontinence, urinary retention, hydronephrosis, benign prostatic hypertrophy, suspected genitourinary tract cancer, urinary tract stones, strictures, hemorrhagic cystitis, infection, fistula, and interstitial cystitis. While cystoscopy is generally a diagnostic procedure, it may also be performed for therapeutic purposes, such as stone removal, electrocauterization of bleeders, dilation of strictures, and tumor resection. In this case, the patient complained of decreased penile sensation and urinary incontinence. He had performed timed and double voiding to keep his residual urine volume low leading to minimization of incontinence. He did not use pads or diapers. Urinalysis was negative for nitrites, glucose, ketones, leukocytes, and protein. The protein-to-creatinine ratio was normal. There were no white blood cells and red blood cells. A complex uroflow revealed a voided volume of 98 cc and a maximal flow rate of 6.3 cc/second. A post-void bladder scan revealed 26 cc of residual volume. The patient's residual volume was low hence the working impression of urethral stricture could not be supported. Moreover, the patient had urological evaluation on 7/17/2014; however, the official report was not submitted for review. The medical necessity cannot be established due to insufficient information. Therefore, the request for cystoscopy with IV sedation; urethral dilation is not medically necessary.