

Case Number:	CM14-0024711		
Date Assigned:	02/28/2014	Date of Injury:	11/30/2007
Decision Date:	06/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurological 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:

The injured worker is a 53 year old male with a date of injury of November 30, 2007. The mechanism of injury reported is back pain that developed a few days after moving a 1200-1500 pound vending machine. The injured worker underwent back surgery in 2008, eventually returning to work. A progress note from the injured worker's urologist is dated January 2, 2014 and provided for review in support of the above noted request indicating that the injured worker is seen for an initial urological evaluation for complaints of urinary frequency, urgency, sexual dysfunction, and right testicular pain. The record indicates that following the back surgery the injured worker developed voiding problems described as small voided volumes, weak stream, frequency with nocturia, urgency, and the need to push to urinate. Terminal dribbling and distal penile discomfort is reported. Additionally, the injured worker developed erectile dysfunction over the past 1-2 years. Additionally, the injured worker developed an inguinal hernia, reportedly secondary to constipation caused by narcotic use. He underwent inguinal hernia repair in August 2010 and has had right testicular pain since. Constipation continues. Past medical history is significant for hypertension, cholelithiasis, renal cell carcinoma, and tuberculosis exposure. In addition to the above noted surgical procedures, the injured worker underwent a partial nephrectomy in July 2010, a right and left knee surgery in 2012, and a second left knee surgery in 2013. Physical examination reveals tenderness to palpation over the right upper quadrant, a softness and non-tender suprapubic region and a normal scrotum and testicles. The epididymis is noted to be tender to palpation. Rectal tone was normal. The prostate was 1-2+ (benign) and slightly tender. Urinalysis was negative and protein creatinine ratio was normal. There are no white blood cells or red blood cells on microscopic evaluation. Urologic studies included a complex uroflow which revealed a voided volume of 94 mL and a maximum flow rate of 15.8 mL per second. A post void bladder scan showed a 27 mL residual. Pelvic ultrasound shows a 24

mL prostate without suspicious lesions in the normal appearing bladder. The treatment recommendation was for a trial of doxycycline twice daily for a month for a diagnosis of possible prostatitis. For the urinary frequency and urgency, the injured worker is asked to fill out a voiding diary, with further recommendations to follow after the voiding diary is reviewed. Consideration of an urodynamic study and cystoscopy to rule out a neurogenic bladder caused by this back injury and surgery is noted. The injured worker will undergo a trial of Levitra for the erectile dysfunction. This request was previously under review and recommended for non-certification on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URODYNAMIC STUDIES: 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 Neurogenic Bladder Merck manual for healthcare professionals (online)
http://www.merckmanuals.com/professional/genitourinary_disorders/voiding_disorders/neurogenic_bladder.html?qt=urodynamic%20studies&alt=sh.

Decision rationale: Evidence-based literature supports urodynamic studies for the evaluation of neurogenic bladder. However, the medical records provided for review provides documentation of a working diagnosis of prostatitis, for which the injured worker has been treated with doxycycline. Additionally, for urinary frequency and urgency symptoms, a voiding diary has been recommended and the injured worker is recommended to follow up for review of this diary. The record indicates that a consideration will be given to urodynamic studies and a possible cystoscopy, but that further recommendations will follow after the voiding diary is reviewed. There is no indication in the medical record the follow-up has occurred, or that the treatment plan has changed to include urodynamic evaluation and cystoscopy. In the absence of the appropriate clinical documentation to substantiate the medical necessity of the diagnostic studies recommended, this request is not medically necessary and appropriate.

CYSTOSCOPY WITH IV SEDATION: 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 Merck manual For Healthcare Professionals (online):
Genitourinary Procedures
http://www.merckmanuals.com/professional/genitourinary_disorders/genitourinary_tests_and_procedures/genitourinary_procedures.html?qt=cystoscopy&alt=sh.

Decision rationale: Evidence-based literature supports urodynamic studies for evaluation of neurogenic bladder. However, the record available for review provides documentation of a working diagnosis of prostatitis, for which the injured worker has been treated with doxycycline. Additionally, for urinary frequency and urgency symptoms, a voiding diary has been recommended and the injured worker is recommended to follow up for review of this diary. The record indicates that a consideration will be given to urodynamic studies and a possible cystoscopy, but that further recommendations will follow after the voiding diary is reviewed. There is no indication in the medical records provided for review that the follow-up has occurred, or that the treatment plan has changed to include urodynamic evaluation and cystoscopy. In the absence of the appropriate clinical documentation to substantiate the medical necessity of the diagnostic studies recommended, this request is not medically necessary and appropriate.

PREOPERATIVE CLEARANCE: 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 Official Disability Guidelines (ODG) Low Back: Preoperative Testing, General Other Medical Treatment Guideline or Medical Evidence: Merck manual For Healthcare Professionals (online): Genitourinary Procedures

Decision rationale: The medical treatment guidelines support preoperative evaluation and testing for individuals undergoing high-risk procedures, or for individuals with certain comorbidities to stratify risk, direct anesthetic choices, or guide postoperative management. The Guidelines support the use of preoperative evaluation when done out of medical necessity, rather than protocol. When noting the injured worker's past medical history of renal carcinoma and the past surgical history, a medical clearance could be indicated if a surgical intervention was recommended. However, the medical record provides no documentation that a surgical procedure has been recommended for which a risk assessment and/or evaluation would be warranted. In the absence of documentation that surgical intervention has been recommended, the medical necessity of a preoperative clearance cannot be determined. Therefore, this request is not medically necessary and appropriate.