MAXIMUS Federal Services

Case Number:	CM14-0035579		
Date Assigned:	06/23/2014	Date of Injury:	12/20/2001
Decision Date:	08/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 General 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:

This 49 year old male is status post lumbar fusion (2005) and subsequent hardware removal. There are urinary symptoms which are worsening. These symptoms consist of urgency, frequency, urge incontinence, persistent leakage of urine, and spasms 4-5 times per week which begins around the penis and radiates to the scrotal sac and upwards to the stomach. He voids 4-6 times per day. An urodynamic study noted reduced bladder capacity, uninhibited detrusor contractions with peak pressures of 30-54. There was complete bladder emptying. There was suprapubic discomfort with contraction. No ureteral reflux was noted. Per prior denial, there has not been failure of conservative management such as oral medications and physical therapy. Furthermore, it was felt that the sacral neurostimulator implant was investigational/experimental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacral neurostimulator implant under fluoroscopy guidance and light sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2422944/ and on the Non-MTUS Canadian Urological Association Journal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacral Nerve Stimulation, Pamela I Ellsworth, MD,

FACS; Chief Editor: David C Spencer, MD, Updated: May 20, 2013 Medscape and on the Non-MTUS Urologia. 2012 Apr-Jun; 79 (2): 90-6. DOI: 10.5301/RU.2012.92278.

Decision rationale: Detrol had been used successfully but stopped by the patient because of excessive perspiration and an irregular heartbeat. This was felt due to Savella and not Detrol but the patient refused to use Detrol. The patient complained of urinary leakage and erectile dysfunction. The use of an oral medication for the hypertonic bladder has failed. The use of the sacral neuromodulator is not investigational or experimental based upon peer-reviewed literature. Therefore, the request for a trial of a sacral neurostimulator for urge incontinence and persistent leakage is medically necessary and appropriate.

Pre-operative labs: Complete blood count (CBC) and glucose: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/ph_1211_coveragepositioncriteria_jakafi.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Regarding preoperative labs, EKG and chest x-ray.

Decision rationale: The ODG notes that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Electrocardiography is recommended for patients undergoing high-risk surgery and patients undergoing intermediate-risk surgery who have additional risk factors. Based on the intermediate risk inherent in the planned procedure and the history of hypertension, the need for EKG is supported. As for chest radiography, this is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. This not a procedure of even intermediate risk and it is being done under local anesthesia. The risk of development of significant anemia related to this local procedure is extremely low. Therefore, the request for pre-op labs is denied as not medically necessary.