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| Case Number: | CM14-0050955 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/26/1977 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 Occupational 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:

This 75 year old patient had a date of injury of 9/13/2011. The mechanism of injury was not noted. On a progress note dated 2/5/2014, the subjective findings included decreased lethargy and drowsiness with modafinil, progressively worsening ambulation, increased shortness of breath. There was progressive incontinence from bi-frontal encephalomalacia from 1979 work injury, and increased right stump and neck pain and right phantom limb pain. Objective findings included decreased cervical flexion and left rotator dystonia about 30 degrees since botox, severe scoliosis reflexes, severe scoliosis with neck flexion. Diagnostic impression shows complete urinary incontinence, scoliosis, phantom limb. Treatment to date: medication therapy, behavioral modification. A UR decision dated 4/1/2014 denied the request for Cystoscopy and Urodynamics, stating that the provider notes that the claimant has not undergone any cystoscopic evaluations or urodynamic testing in quite some time (since 2009), and on 2/5/2014 the patient is been recommended with follow-up for urologic evaluation. However, there is no documentation whether the follow up visit is already done. Actual report of consultation is not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frontera: Essentials of Physical Medicine and Rehabilitation 1st. ed. Chapter 120, Neurogenic Bladder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/cystoscopy-16692>.

Decision rationale: Cystoscopy is used to find the cause of symptoms such as blood in the urine (hematuria), painful urination (dysuria), urinary incontinence, urinary frequency or hesitancy, an inability to pass urine (retention), or a sudden and overwhelming need to urinate (urgency). In a progress note dated 2/5/2014, the patient is noted to suffer from neurogenic bladder with complete incontinence, and that a follow up visit would be needed. However, in the reports viewed, there was no evidence that the follow up visit had been completed, and there were no documents submitted of the actual consultation. A rationale or discussion regarding the patient's need for cystoscopy during the evaluation would be needed to substantiate its use. Therefore, the request for cystoscopy is not medically necessary.

Urodynamics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frontera: Essentials of Physical Medicine and Rehabilitation 1st. ed. Chapter 120, Neurogenic Bladder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/urinary-incontinence-oab/urodynamic-tests-for-urinary-incontinence>.

Decision rationale: Urodynamic tests for urinary incontinence and measurements are taken to evaluate the bladder's function and efficiency. The actual tests done vary from person to person. In a progress note dated 2/5/2014, the patient is noted to suffer from neurogenic bladder with complete incontinence, and that a follow up visit would be needed. However, in the reports viewed, there was no evidence that the follow up visit had been completed, and there were no documents submitted of the actual consultation. A rationale as to why the patient needs urodynamics would be needed to justify this request. Therefore, the request for urodynamics is not medically necessary.