

<b>Case Number:</b>	CM14-0064215		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Pulmonary Medicine and is licensed to practice in New York. 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 55 year old male with a date of injury on 07/25/2013. He fell and had back pain. He now has chronic back pain. He has urinary incontinence he describes as "an inability to hold his bladder and urinates uncontrollably." On 08/31/2013 a MRI of the sacrum was normal. On 08/31/2013 a lumbar MRI did not reveal nerve compression. However, an EMG/NCS of the left lower extremity on 11/21/2013 revealed chronic, subacute L5-S1 radiculopathy. On 12/13/2013 an EMG/NCS of the right lower extremity did not reveal lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cystoscopy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Townsend CM et al. Sabiston's Textbook of Surgery. 19th Edition. Saunders. 2012. Cameron JL et al. Current Surgical Therapy. 10th Edition. Mosby. 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wein AL et al. Campbell-Walsh Urology, 10th Edition. 2012.

**Decision rationale:** The patient is a 55 year old male with chronic urinary incontinence. This started after his injury when he fell on 07/25/2013. He has EMG/NCS documentation of left L5-S1 radiculopathy. Chronic urinary incontinence in a male is an indication for a cystoscopy to rule out tumor and stricture. This request is medically necessary.