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| Case Number: | CM14-0069789 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 01/13/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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 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 44 year old male who suffered an industrial injury on 1/13/2011. He had an L1 fracture and despite a T10-L3 laminectomy and fusion, he was left with ASIA A paraplegia with a neurogenic bladder and bowel, along with neuropathic pain. At issue is whether augmentation bladder surgery is appropriate for this patient. He was seen by his urologist in January, February and March 2014. In review of these records, it is documented that he has a small, non compliant and high pressure bladder. All manners of oral therapy have failed according to the provider in his January 2014 documentation. In addition, he has attempted a Botox injection of 200 units in February 2014 without relief. The patient does not catheterize himself as required since he is unable to control the incontinence despite self catheterization and has given up on that. He uses a condom catheter. Cystoscopy has been performed and confirms the clinical suspicion of the provider. In addition, the patient has chronic colonization of urine with bacteria despite levofloxacin and nitrofurantoin. According to the provider, there is ongoing risk of urinary reflux and renal injury due to this urological condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bladder Augmentation Cystoplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3822349> - Augmentation cystoplasty:

Contemporary indications, techniques and complications Rajan Veeratterapillay, Andrew C. Thorpe, and Chris Harding Indian J Urol. 2013 Oct-Dec; 29(4): 322-327

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: Veeratterapillay R et al. Augmentation Cystoplasty: Contemporary techniques, indications and complications. Indian J Urol. 2013;29(4):322-327.

Decision rationale: Augmentation cystoplasty is indicated in high pressure, low capacity and low compliance bladders, as is in this patient's neurogenic bladder. He has been given oral therapies (per provider notes) in an attempt to improve incontinence but to no avail. Botox injection intravesically has been tried, and that has not worked either. The patient remains at risk for vesicoureteral reflux which would put his renal function at considerable risk. Therefore, the appropriate treatment for this refractory low compliance, low capacity and high pressure bladder is augmentation cystoplasty. Please see the reference cited above. The request is medically necessary.