

<b>Case Number:</b>	CM14-0078249		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 claimant is a 55 year old male who sustained an industrial injury on 03/03/2008. He injured his lower back when turning a water shutoff valve at work. He had a prior industrial low back injury in 2000. His diagnoses include low back pain, anxiety, depression, voiding dysfunction, and erectile dysfunction. He is status post anterior lumbar fusion L4-5 and L5-S1 and artificial disc replacement of L3-4 in 2009 with revision posterior fusion L4-5. On exam he continues to complain of low back pain. There are no reported abnormal neurologic findings. The consulting urologist has requested urodynamics ad cystoscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urodynamics and Cystoscopy:** Overturned

**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 Medscape Internal medicine 2013: Urodynamics and Indications for cystoscopy.

**Decision rationale:** The requested urological studies were medically necessary and indicated. Per the documentation the claimant has urological diagnoses of voiding dysfunction, neurogenic

bladder, erectile dysfunction, and referred pain to the scrotum related to his industrial injury. He was evaluated by Urology and urodynamic studies and a cystoscopy were recommended. The purpose of urodynamic testing is to supplement a patient's clinical history and physical examination with a series of tests that are designed to assess the storage and voiding phases of micturition, using noninvasive and invasive methods. Observations seen during these tests and the clinician's interpretation can help identify potential bladder safety issues. Before performing a urodynamic test, a clinical evaluation should be completed to identify the relevant urodynamic questions. A thorough history is necessary to obtain a clear understanding of the patient's complaints, including type of symptoms (ie, urgency, frequency, urge incontinence, stress incontinence, pain, other voiding and storage symptoms), severity and duration of symptoms, both associated with the symptoms, previous therapies, and relevant medical comorbidities. A physical examination can identify specific findings (pelvic prolapse, urethral diverticulum, pelvic mass), which may contribute to or cause the symptoms of interest. The diagnostic indications for cystoscopy include the following, evaluation of patients with voiding symptoms (storage or obstructive), gross or microscopic hematuria, evaluation of urologic fistulas, evaluation of urethral or bladder diverticula, congenital anomalies in pediatric population, retrieval of samples (for cytologic and histologic studies), intraoperative evaluation of the urethra, bladder, and ureters after some incontinence or prolapse procedures, and retrograde pyelography for upper urinary tract evaluation. The medical necessity for the requested items has been established. The requested items are medically necessary.