

<b>Case Number:</b>	CM14-0097848		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 43-year-old gentleman with a date of injury of 05/31/2006. Office visit notes by [REDACTED] dated 11/14/2013 and 05/14/2014 identified the mechanism of injury as a fall resulting in a spinal cord injury and paralysis. Office visit notes by [REDACTED] dated 04/22/2014, 05/20/2014, and 06/17/2014; an office visit note by [REDACTED] dated 06/05/2014; and [REDACTED] above notes indicated the worker was experiencing a pain that was well-controlled with oral and topical medications, neurogenic bladder, headaches, and dizziness. Documented examinations consistently described no abnormal findings except the worker was wheelchair bound. [REDACTED] notes dated 11/14/2013 and 05/14/2014 indicated the cystoscopy done on 11/14/2013 showed no abnormal findings except for increased bladder folding and summarized that the renal ultrasound and cytology done on 11/14/2013 were negative. The submitted and reviewed documentation concluded the worker was suffering from a spinal cord injury, paralysis, neurogenic bladder, pain after prior neck surgery, lower back pain, and central pain syndrome. Treatment included prior neck surgery, oral and topical pain medications, and a condom catheter to collect urine. A Utilization Review decision by [REDACTED] was rendered on 05/22/2014 recommending non-certification for a cystoscopy, a urine cytology, and two renal ultrasounds, one now and one in six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cystoscopy:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: Ghoniem GM, et al. Cystoscopy. Medscape, accessed 08/19/2014. <http://emedicine.medscape.com/article/1829911-overview>.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Cystoscopy is a procedure used to look inside the tube leading to the bladder and the bladder itself. The literature supports the use of cystoscopy when there are voiding symptoms, blood in the urine, an issue with the bladder neck, and when a fistula is suspected. The procedure is also used to treat a narrowing in the tube leading to the bladder, bladder stones, bladder ulcers, tumors, and to remove foreign bodies from the bladder. The submitted and reviewed documentation reported the worker was suffering from neurogenic bladder. Office visit notes by [REDACTED] dated 11/14/2013 and 05/14/2014 indicated the cystoscopy done on 11/14/2013 showed no abnormal findings except for increased bladder folding. There was no discussion about the reason the procedure was needed or an explanation supporting a follow up repeated procedure. In the absence of such evidence, the current request for a cystoscopy is not medically necessary.

## **1 Urine cystology: Upheld**

**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 Other Medical Treatment Guideline or Medical Evidence: Liou LS, et al. Cytology exam of urine. Medline Plus, accessed 08/19/2014. <http://www.nlm.nih.gov/medlineplus/ency/article/003905.htm>.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Urine cytology involves the collection of urine and examination of the cells under a microscope. The literature supports the use of urine cytology when there is blood in the urine, a history of cancer in the urinary tract in the past, a suspicion of cancer in the urinary tract, a high-risk for developing cancer, or a suspicion of certain viral diseases. The submitted and reviewed documentation reported the worker was suffering from neurogenic bladder. Office visit notes by [REDACTED] dated 11/14/2013 and 05/14/2014 summarized that the cytology done on 11/14/2013 was negative. However, none of the above conditions were reported. The documentation did not indicate symptoms or describe findings concerning for any of the above conditions. There was no discussion suggesting any of these conditions were suspected. In the absence of such evidence, the current request for urine cytology is not medically necessary.

## **2 Renal ultrasounds, one now and on in six months: Upheld**

**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 Other Medical Treatment Guideline or Medical Evidence: Collaborative subcommittees. 2011 American Institute of Ultrasound Medicine (AIUM) and American Urological Association (AUA) practice guideline for the performance of an ultrasound examination in the practice of urology. Accessed 08/19/2014. <http://www.aium.org/resources/guidelines/urology.pdf>.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The 2011 American Institute of Ultrasound Medicine (AIUM) and American Urological Association (AUA) Practice Guidelines recommend the use of renal (kidney) ultrasound when there is pain in the back or flank, blood in the urine, symptoms suggesting an issue in the kidney and/or bladder region, laboratory or imaging findings suggesting an issue in the kidney and/or bladder, follow up of a known kidney and/or bladder problem, abdominal trauma, and planning before an invasive procedure. The reviewed and submitted documentation reported the worker was suffering from neurogenic bladder. Office visit notes by [REDACTED] dated 11/14/2013 and 05/14/2014 summarized that the renal ultrasound done on 11/14/2013 was negative. There was no discussion about the reason the study was needed or an explanation supporting the follow up imaging. In the absence of such evidence, the current request for two renal ultrasounds, one now and one in six months, is not medically necessary.