

Case Number:	CM14-0190760		
Date Assigned:	11/24/2014	Date of Injury:	03/14/2003
Decision Date:	01/26/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Management 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 patient is a 53 year old male with date of injury 3/14/03 sustained while loading heavy paper into a printing press while bent over. The treating physician report dated 9/10/14 (140) indicates that the patient presents with an erectile and voiding dysfunction as well as severe pain affecting the back. The patient also alleges the industrial accidents to be the cause of his erectile and voiding dysfunction. The physical examination (Urological) findings reveal the abdomen is moderately protuberant and the prostate is slightly enlarged, benign feeling and non-tender. The patient states that he is not receiving any urological treatment at this time. Prior treatment history includes prescribed medications of Viagra, Flomax, Uroxatral and Ditropan, a bladder ultrasound, and a penile Doppler study. The current diagnoses are: 1. Erectile dysfunction2. Voiding dysfunction.The utilization review report dated 10/21/14 denied the request for office bladder ultrasound, in office renal ultrasound, and lab free and total serum testosterone & CMP, PSA based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office bladder ultrasound: 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 Other Medical Treatment Guideline or Medical Evidence: Assessment and Diagnosis. In: Lucas MG, Bedretdinova D, Bosch JLHR, Burkhard F, Cruz F, Nambiar AK, de Ridder DJMK, Tubaro A, Pickard RS. Guidelines on Urinary Incontinence. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. pages 11-27. [147 references] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1949036/>: J Spinal Cord Med.2006; 29 (5): 527-573.

Decision rationale: The patient presents with an erectile and voiding dysfunction as well as severe pain affecting the back. The current request is for Office Bladder Ultrasound. The treating physician states that the patient has had an AME evaluation in urology and specific recommendations have been made for further diagnostic testing in particular regarding the patient's voiding dysfunction. According to the Journal of Spinal Cord Medicine "Generally, a urologic evaluation is done every year, although there is no consensus among doctors on the frequency this type of exam should be performed or the range of tests that should be included...The important components of the urologic evaluation are an assessment of both the upper and lower tracts. Upper tract evaluations include tests that evaluate function, such as renal scans and tests that evaluate anatomy, such as ultrasound...No studies have been done on the optimum frequency of follow-up evaluations. Many medical centers evaluate upper and lower tract functioning on an annual basis. Urological evaluations are done more frequently if an individual is having problems, changing medications, or altering bladder management in some way." According to the Guidelines on Urinary Incontinence, "Post-voiding residual (PVR) can be measured by catheterization or ultrasound (US). The prevalence of PVR is uncertain, partly because of the lack of a standard definition of an abnormal PVR volume." In this case the treating physician states that the patient is currently experiencing voiding dysfunction and additional diagnostic testing is required. Recommendation is for authorization.

In office renal ultrasound: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1949036/>: J Spinal Cord Med.2006; 29 (5): 527-573.

Decision rationale: The patient presents with an erectile and voiding dysfunction as well as severe pain affecting the back. The current request is for in office renal ultrasound. The treating physician report dated 9/10/14 (146) states that the patient has had an AME evaluation in urology and specific recommendations have been made for further diagnostic testing in particular regarding the patient's voiding dysfunction. According to the Journal of Spinal Cord Medicine "Generally, a urologic evaluation is done every year, although there is no consensus among doctors on the frequency this type of exam should be performed or the range of tests that should be included. The important components of the urologic evaluation are an assessment of both the upper and lower tracts. Upper tract evaluations include tests that evaluate function, such as renal

scans and tests that evaluate anatomy, such as ultrasound. Lower tract evaluations include urodynamics to determine bladder function, cystograms to evaluate for vesicoureteral reflux, and cystoscopy to evaluate bladder anatomy. It should be noted that urodynamics is an important evaluation for determining bladder function. Unfortunately, history, level of injury, and signs and symptoms alone are not enough to determine if a person is experiencing high intravesical pressures, which may cause renal complications over time. No studies have been done on the optimum frequency of follow-up evaluations. Many medical centers evaluate upper and lower tract functioning on an annual basis. Urological evaluations are done more frequently if an individual is having problems, changing medications, or altering bladder management in some way." In this case the treating physician states that the patient is currently experiencing voiding dysfunction and additional diagnostic testing is required. Recommendation is for authorization.

Lab free and total serum testosterone & CMP, PSA: 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 Other Medical Treatment Guideline or Medical Evidence: Erectile Dysfunction Workup <http://emedicine.medscape.com/article/444220-workup#aw2aab6b5b2> The Management of Erectile Dysfunction: An Update, American Urologic Association, 2005.

Decision rationale: The patient presents with an erectile and voiding dysfunction as well as severe pain affecting the back. The current request is for lab free and total serum testosterone & CMP, PSA. The treating physician report dated 9/10/14 (146) states that the patient has had an AME evaluation in urology and specific recommendations have been made for further diagnostic testing in particular regarding the patient's voiding dysfunction. A medical reference guideline used for Erectile Dysfunction Workup states, "Clinicians should make decisions to measure hormone levels on a case-by-case basis, in accordance with the patient's clinical presentation. At a minimum, this should consist of measuring morning serum testosterone levels. Measurement of prostate-specific antigen (PSA) levels may be appropriate if the patient is a candidate for prostate cancer screening" According to the American Urological Association's The Management of Erectile Dysfunction," Prostate-specific antigen measurement and rectal examination may assume additional significance when considering the use of testosterone in the management of male sexual dysfunctions. Additional testing, such as testosterone level measurement, vascular and/or neurological assessment, and monitoring of nocturnal erections, may be indicated in select patients." In this case the treating physician diagnosed the patient with an enlarged prostate upon examination and states that the patient continues to experience erectile dysfunction and that further diagnostic testing is required. Recommendation is for authorization.