

Case Number:	CM15-0005505		
Date Assigned:	01/16/2015	Date of Injury:	01/01/1993
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 51-year-old male who reported an injury in 01/2003. The specific date was not provided. The mechanism of injury was the injured worker was lifting a 5 gallon drum of paint from a box and as he lifted the paint over the box he felt a popping sensation in his back. There was a Request for Authorization for urodynamics studies, cystoscopy with IV sedation, and preoperative clearance dated 11/11/2014. The physician documentation of 11/11/2014 revealed the injured worker had back surgery 5 weeks previously due to a sudden onset of paralysis and incontinence. The emergency back surgery was performed in Mexico. The injured worker was noted to have complaints of urge incontinence and frequency. The injured worker was noted to have nocturia 3 to 4 times a day; however, had a large amount of fluid intake prior to bedtime. The injured worker had decreased libido and premature ejaculation. The injured worker was noted to ejaculate within 1 to 2 minutes. The injured worker, however, denied erectile dysfunction at this visit. The medications were noted to include Norco, lidocaine patch, Celexa, Wellbutrin, Xanax, Elavil, Sonata, Zestril, Hypertensa, Sentra PM, Sentra AM, Theramine, Lipitor, Document-Q-Lace, aspirin, Gaviscon, Floranex, and vitamin D. Per the physician, the documentation of 09/15/2014, it was noted the injured worker would need a urology consult for sexual dysfunction. The injured worker's average home blood pressure was 131/92 and first blood pressure was 151/109 and second blood pressure was 145/99. The physical examination revealed the suprapubic area was soft, nontender, and nondistended. The injured worker had a normal urethra, scrotum, and testes. The injured worker had bilateral epididymal cysts. The injured worker was uncircumcised. Regarding the rectal sphincter, the sphincter tone was

normal and the prostate was 1+ "benign" and nontender. The urinalysis performed revealed the injured worker was negative for glucose ketones, blood nitrites, leukocytes, and protein. The protein/creatinine ratio was normal. On microscopic examination, there were no white blood cells or red blood cells. The urologic studies included a pelvic ultrasound, which revealed a 27 cc prostate without suspicious lesions. There were 208 cc in the bladder without evidence of bladder wall thickening. There were no stones, masses, diverticuli, or bladder neck impression. A renal ultrasound revealed normal renal parenchyma with no stones, masses, or hydronephrosis. A complex Uroflow revealed a voided volume of 100 cc and a maximum flow rate of 15.5 cc per second. A post void bladder scan revealed 167 cc of residual urine. The impressions included decreased libido, premature ejaculation, urinary frequency and urgency and urge incontinence, hypertension, depression and anxiety, and possible nerve injury post back surgery. The PSA was drawn and the injured worker had a testosterone level that was drawn. The injured worker was advised to followup with a psychiatrist regarding psychiatric medications to delay ejaculation. The physician opined the injured worker would need to undergo urodynamic studies and a cystoscopy evaluation to assess voiding symptoms and the injured worker was given a sample and a prescription for Levitra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Urodynamic Studies: 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 Glazener, C. M., & Lapitan, M. C. (2012). Urodynamic studies for management of urinary incontinence in children and adults. *Cochrane Database Syst Rev*, 1. <http://www.nlm.nih.gov/medlineplus/ency/article/003325.htm> accessed 03/16/2015 http://www.merckmanuals.com/professional/genitourinary_disorders/voiding_disorders/urinary_retention.html accessed 03/16/2015

Decision rationale: Per Glazener, C. M. & Lapitan, M. C. (2012) Urodynamic tests are used to investigate people who have urinary incontinence or other urinary symptoms in order to make a definitive objective diagnosis. The injured worker was noted to have night time incontinence. The documentation indicated the injured worker drank a large amount of fluid prior to bedtime. The documentation indicated the urinalysis was negative, the pelvic ultrasound and renal ultrasound were normal, the post void bladder scan revealed 167 cc of residual urine, and the complex Uroflow study revealed a voided volume of 100 cc and a maximum flow rate of 15.5 cc per second. Per Merckmanuals.com, a normal urine post void residual volume is 50 ml. Per Medline plus, the average urine flow rate for males is 12 mL per sec. The irregularity that was present in the testing was the urinary retention of urine post void. The rationale for the request was to evaluate the injured worker's voiding symptoms. While the Uroflow was normal, and the injured worker was noted to be drinking a lot of fluid prior to bedtime, the post residual void was not normal and may be a contributing factor to the nocturia. There was a lack of documentation indicating the injured worker had daytime loss of function and that decreasing the amount of

fluids consumed before bedtime had been discussed to decrease and/or stop the nocturia. The request as submitted failed to include the specific urodynamic studies that were being requested.

Prospective Request for Cystoscopy with IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical guideline Centre for Acute and Chronic Conditions

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.
<http://www.mayoclinic.org/tests-procedures/cystoscopy/basics/definition/prc-20013535>

Decision rationale: Per Pagana, K.D., Pagana TJ, (2010), a cystoscopy may be recommended for blood in the urine or loss of bladder control. The clinical documentation submitted for review indicated the injured worker had symptoms of loss of bladder control. The injured worker had nocturia and was noted to drink large amount of fluid. There was a lack of documentation indicating the injured worker had daytime loss of function and that decreasing the amount of fluids consumed before bedtime had been discussed to decrease and/or stop the nocturia. The physician documented the rationale for the testing was to assess voiding symptoms. The urinalysis was negative, the pelvic ultrasound and renal analysis were negative, and the Uroflow revealed voided volume of 100 cc and a maximum flow rate of 15.5 cc per second, and the post void bladder scan revealed 167 cc of residual urine. The urine residual was excessive. There was a lack of documented rationale for IV sedation for the cystoscopy as the general sedation is oral sedation for an outpatient procedure per Mayclinic.org. Given the above, the prospective request for cystoscopy with IV sedation is not medically necessary.

Prospective Request for Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Prospective Request for Levitra 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: The clinical documentation submitted for review indicated the injured worker denied erectile dysfunction at the visit. The documentation failed to indicate the injured worker had low testosterone levels to support the necessity for a medication for erectile dysfunction. The request as submitted failed to indicate the frequency for the requested medication, as well as the quantity. Given the above, the prospective request for Levitra 20mg is not medically necessary.

Prospective Request for Follow Up Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had complaints that would necessitate further office visits. However, the request as submitted failed to indicate the quantity of office visits, as well as the physician to be utilized during the office visits. Given the above, the prospective request for follow up visits is not medically necessary.