

Case Number:	CM15-0101230		
Date Assigned:	06/03/2015	Date of Injury:	10/04/2000
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 64-year-old female, with a reported date of injury of 10/04/2000. The diagnoses include urge urinary incontinence (UUI) and stress urinary incontinence (SUI). Treatments to date have not been documented. The medical report dated 03/04/2015 indicates that the injured worker complained of leakage with cough and sneeze, and she had to rush to the restroom. It was noted that her slow stream was normal, there was no blood in the urine, there was difficulty with urination occasionally, there was positive urgency, urination at night 2-3 times, she had to change her pad four times a day, her symptoms that were worse were urgency and urge incontinence, she had the symptoms for 8-10 years, and frequency seven times per day. The treating physician requested cystoscopy, pelvic exam, and cystometrogram to rule out work-related stress and urge incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Institute of Diabetes and Digestive and Kidney Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Evaluation of women with urinary incontinence.

Decision rationale: The request is considered medically necessary. The patient has had incontinence for several years and needs evaluation of whether or not this is work-related injury. The patient has lower back injury which may be contributing. A cystoscopy is reasonable to evaluate her incontinence complaints.

Pelvic Exam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Institute of Diabetes and Digestive and Kidney Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Evaluation of women with urinary incontinence.

Decision rationale: The request is considered medically necessary. MTUS and ODG guidelines do not address evaluation of incontinence with pelvic exams. According to www.uptodate.com, the evaluation of women with urinary incontinence should include a pelvic exam to evaluate for vaginal atrophy, pelvic masses, and pelvic organ prolapse.

Cystometrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Institute of Diabetes and Digestive and Kidney Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Urodynamic evaluation of women with incontinence.

Decision rationale: The request is considered medically necessary. Urinary incontinence is usually evaluated by urodynamic studies. A cystometrogram evaluates bladder function by measuring pressure and volume of fluid in the bladder during filling, storage, and voiding. Given the patient's history of incontinence, it is reasonable to evaluate with a cystometrogram.

Lidocaine Hydrochloride 10mg intravenous infusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Institute of Diabetes and Digestive and Kidney Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Evaluation of women with urinary incontinence www.uptodate.com, Urodynamic evaluation of women with incontinence.

Decision rationale: The request is considered not medically necessary. It is unclear why IV lidocaine was requested. Urodynamic testing and cystoscopy may only require local anesthetic. There is no indication for IV lidocaine. Therefore, the request is considered not medically necessary.

Cystometrogram with voiding pressure and urine pressure: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Institute of Diabetes and Digestive and Kidney Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Urodynamic evaluation of women with incontinence.

Decision rationale: The request is considered medically necessary. Urinary incontinence is usually evaluated by urodynamic studies. A cystometrogram evaluates bladder function by measuring pressure and volume of fluid in the bladder during filling, storage, and voiding. Given the patient's history of incontinence, it is reasonable to evaluate with a cystometrogram with voiding pressure and urine pressure.