

<b>Case Number:</b>	CM15-0132125		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/03/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60-year-old female who sustained an industrial injury on 01/03/2010. Mechanism of injury occurred while lifting a patient from a wheelchair to scale had inadvertent load put on her and she could hear a snap in her back. Diagnoses include neurogenic bladder after injuring L4, L5, and S1, urinary incontinence and retention, lumbosacral spondylosis, displacement of lumbar disc without myelopathy, degenerative disc disease and lumbago. Treatment to date has included diagnostic studies, and medications. On 01/07/2015 and Electromyography of the lower extremities was done and was normal. A physician progress note dated 04/28/2015 documents the injured worker has a 2 year history of urinary incontinence and retention, inability to empty her bladder and poor bladder control with leakage consistent with stress and urge incontinence. It is noted the injured worker has a neurogenic bladder after damaging L4, L5, and S1. The treatment plan includes one IVP x ray, and one cystometrogram. Treatment requested is for one cystoscopy, and three follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cystoscopy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Women's and Children's Health; National Institute for Health and Care Excellence (NICE); 2013 Sep. 48 p. (Clinical guideline: no. 171).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ghoniem GM, et al. Cystoscopy. Medscape. <http://emedicine.medscape.com/article/1829911-overview>, accessed 08/15/2015.

**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 indicated the worker felt it was difficult to empty the bladder and was experiencing a problem controlling the bladder, among other issues. These records reported the worker was suffering from neurogenic bladder and other conditions. These records included a consultation report by a urologist dated 04/28/2014, but this report's date of dictation was recorded as 04/28/2015; subsequent primary treating physician notes referred to this consultation as done on 04/28/2014, but the report itself referred to symptoms occurring in 2015. While there was no discussion stating the reason the procedure was needed, the literature supports the use of this procedure to assess voiding symptoms, which the worker reported. In light of this supportive evidence, the current request for a cystoscopy is medically necessary.

**Three 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, Pan (Chronic), Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing difficulty emptying the bladder, problems controlling urine, and lower back burning numbness with muscle spasms. The request was for several follow up visits, which would not account for changes in the worker's care needs, and there was no discussion suggesting describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for three follow up care visits is not medically necessary.