

Case Number:	CM15-0147648		
Date Assigned:	08/12/2015	Date of Injury:	03/25/2009
Decision Date:	09/25/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina
 Certification(s)/Specialty: Urology

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 56 year old male, who sustained an industrial injury on 03-25-2009. He has reported injury to the neck and back. The diagnoses have included thoracic radiculopathy; lumbar radiculopathy; post-laminectomy syndrome, thoracic region; post-laminectomy syndrome, lumbar region; neuropathy; loss of sexual function; urinary incontinence; rule out urethral stricture; urinary frequency; possible neurogenic bladder; urge incontinence; fecal incontinence; depression and anxiety; and chronic pain. Treatment to date has included medications, diagnostics, home exercise regimen, spinal cord stimulator, and surgical intervention. Medications have included Lyrica, Oxycodone, Sapis, Nuvigil, and Zubsolv. A progress report from the treating physician, dated 07-02-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued erectile dysfunction, decreased penile sensation with urinary incontinence; presently, he has no sensation in his penis; he has very low libido and is depressed; he continues with urge incontinence; and he wants to consider a vasectomy for when he regains his potency. Objective findings included essentially unchanged physical examination; renal ultrasound was unremarkable; a complex uroflow showed an irregular stream with a severe saw tooth pattern; voided volume was 295 cc over a 77 second period with a maximum flow rate of 13.3 cc and average flow rate of 3.8 cc per second; a bladder scan revealed no significant residual urine; and he has suffered a major neurological injury with fecal incontinence, lack of penile sensation, and urinary incontinence. The treatment plan has included the request for cystoscopy with sedation; associated surgical services: urodynamic studies; and associated surgical services: pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy with sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/medlineplus/ency/article/003903.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Safety and tolerability of sedation-free flexible cystoscopy for intradetrusor botulinum toxin-A injection: <http://www.sciencedirect.com/science/article/pii/S00225347060275092>. Instillation of Anesthetic Gel Is No Longer Necessary in the Era of Flexible Cystoscopy: A Crossover Study: <http://online.liebertpub.com/doi/abs/10.1089/0892779041271535>.

Decision rationale: Flexible cystoscopy is normally performed without sedation in the office setting in adults. In this case, sedation) and possible local anesthesia) would not be medically necessary because the patient has no penile sensation due to a neurological deficit.

Associated surgical services: Urodynamic studies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/MedicareNationalCoverageDeterminationsManualChapter1,Part4> (sections 200-310.1).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Urodynamic Studies for Neurogenic Bladder: Why, When, and in Whom: http://www.medscape.org/viewarticle/764164_transcript2. AUA Guidelines Urodynamics: <https://www.auanet.org/education/guidelines/adult-urodynamics.cfm>.

Decision rationale: Urodynamic evaluation would be reasonable and appropriate in this situation. This patient has sustained a neurological injury and is experiencing urinary and fecal incontinence, loss of penile sensation and erectile dysfunction. Urowflowmetry reveals a saw-tooth pattern. Bladder scan indicated no residual urine.

Associated surgical services: Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICIS), Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICIS), 2010 June 40 p (26 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. A prospective evaluation of the value of preoperative

laboratory testing for office anesthesia and sedation:

<http://www.sciencedirect.com/science/article/pii/S02782391999062372>. ACC/AHA guideline update for perioperative cardiovascular evaluation for noncardiac surgery executive

summary: <http://content.onlinejacc.org/article.aspx?articleid=1127745>.

Decision rationale: Pre-operative clearance is not necessary since sedation is not necessary.