

<b>Case Number:</b>	CM15-0187231		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 6-6-02. She reported low back pain with pain and numbness in the buttock region radiating to the knees and calves. The injured worker was diagnosed as having L5-S1 fusion in 2004, adjacent L5-4 instability, recurrent stenosis at L5-S1 foramina, and bladder incontinence. Treatment to date has included L5-S1 fusion in September 2004, lumbar screw removal in March 2007, and medication including Gabapentin, Kadian ER, and Buprenorphine. On 8-7-15 the treating physician noted complaints of urinary incontinence but denied blood in the urine, urinary hesitance, or painful urination. The records show complaint of episodes of saddle numbness associated with urinary incontinence. Urology consultation on 7-15-15 resulted in a recommendation for cystoscopy, voiding cystourethrogram, and urodynamic testing to rule out neurogenic bladder and help determine the etiology of the urinary symptoms. The treating physician requested authorization for cystoscopy, voiding cystourethrogram, and urodynamic testing. On 8-21-15 the requests were non-certified.

### 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 website, <http://www.ncbi.nlm.nih.gov/pubmed/11125409> and on the Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmed/1461085>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape website, Neurogenic bladder, testing and diagnostics.

**Decision rationale:** The MTUS does not specifically address cystoscopy testing. The Medscape website states that the role of cystoscopy in the evaluation of neurogenic bladder is to allow discovery of bladder lesions (eg, bladder cancer, bladder stone) that would remain undiagnosed by urodynamics alone. General agreement is that cystoscopy is indicated for patients complaining of persistent irritative voiding symptoms or hematuria. The physician can diagnose obvious causes of bladder overactivity, such as cystitis, stone, and tumor, easily. This information is important in determining the etiology of the incontinence and may influence treatment decisions. The urology recommendation for cystoscopy in this case is medically necessary and appropriate.

**Voiding, cystourethrogram:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.ncbi.nlm.nih.gov/pubmed/11125409> and on the Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmed/1461085>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape website, Neurogenic bladder, testing and diagnostics.

**Decision rationale:** The MTUS does not specifically address voiding cystometrogram (pressure-flow study) The Medscape website states that Pressure-flow study simultaneously records the voiding detrusor pressure and the rate of urinary flow. This is the only test able to assess bladder contractility and the extent of a bladder outlet obstruction. Pressure-flow studies can be combined with voiding cystogram and videourodynamic study for complicated cases of incontinence. The urology recommendation for voiding cystourethrogram in this case is medically necessary and appropriate.

**Urodynamic testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.ncbi.nlm.nih.gov/pubmed/11125409> and on the Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmed/1461085>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape website, Neurogenic bladder, testing and diagnostics.

**Decision rationale:** The MTUS does not specifically address urodynamic testing. The Medscape website states that urodynamic testing with Videourodynamics is the criterion standard for evaluation of a patient with incontinence. Videourodynamics combines the radiographic findings of voiding cystourethrogram (VCUG) and multichannel urodynamics. Videourodynamics enables documentation of lower urinary tract anatomy, such as vesicoureteral reflux and bladder diverticulum, as well as the functional pressure-flow relationship between the bladder and the urethra. The urology recommendation for urodynamic testing in this case is medically necessary and appropriate.