

Case Number:	CM15-0053391		
Date Assigned:	03/26/2015	Date of Injury:	01/13/2011
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, California
 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:

This is a 44-year-old male patient, who sustained an industrial injury on January 13, 2011. He suffered a traumatic spinal cord injury. The diagnoses include L1 ASIA A paraplegia, neurogenic bowel and bladder and neuropathic pain. Per the note dated February 24, 2015, he uses a condom catheter 2-3 times per day. A recommendation was made for bladder augmentation to address continual incontinence in between catheters but he decided to wait on the procedure. The physical examination revealed mild limited range of motion at left hip and 0/5 strength in lower extremities. The medications list includes morphine, baclofen and zanaflex. He has medical history of recurrent urinary tract infection. He has undergone T10 to L3 laminectomy and fusion on 1/20/11; urethral sling surgery on 9/19/2012, lithotripsy for kidney stone on 9/24/2012. Treatment to date has included diagnostic studies, surgery, inpatient rehabilitation and implanted stimulator. The treatment plan included follow-ups appointments, medications, consideration of bladder augmentation, bowel program, nail care, restart CPAP and attendant assist for care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinary Retention in Adults: Diagnosis and Initial Management Am Fam Physician.2008 March 1;77(5):643-650 and www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management Recommendations. In: Incontinence, 4th ed., Abrams P, Cardozo L, Khoury S, Wein A. (Eds), Health Publications, Paris 2009. p.1774.The management of neurogenic bladder and sexual dysfunction after spinal cord injury.AUBurns AS, Rivas DA, Ditunno JFSOSpine (Phila Pa 1976). 2001;26(24 Suppl):S129.

Decision rationale: Cystoscopy Study Design: Review article. Objectives: To review the medical literature and comprehensively discuss the management of bladder and sexual dysfunction after spinal cord injury. Summary of back ground data: The physiologic alterations that accompany spinal cord injury can lead to significant bladder and sexual dysfunction. Fertility in men is also diminished. Without appropriate intervention, the above conditions can lead to significant morbidity and mortality. Methods: Structured review of published reports obtained through a [REDACTED] search and texts. Results/Conclusion: With appropriate surveillance and management, morbidity and mortality from neurogenic bladder dysfunction can be successfully prevented. Current treatment interventions also facilitate the restoration of sexual function and fertility after spinal cord injury. [REDACTED] of Rehabilitation Medicine, [REDACTED] [REDACTED] Systematic review of urological follow up after spinal cord injury. [REDACTED], Schomer KGSOJ Urol. 2012 Feb; 187(2):391-7. Epub 2011 Dec 15. PURPOSE: There is no consensus on the appropriate urological follow up of individuals after spinal cord injury but it is well known that they are at risk for renal deterioration, bladder cancer and stones. We systematically reviewed the literature to evaluate evidence of urological screening in this population. Materials and Methods: We reviewed 385 abstracts, of which 50 met study inclusion criteria. We rated evidence using American Academy of Neurology 2004 guidelines. Results: A total of 12 articles evaluated urinary tract infection screening. Patient reported symptoms used to predict urinary tract infection yielded mixed results and urine dipstick testing had the same accuracy as microscopy. Routine urine culture was unnecessary in healthy, asymptomatic individuals with normal urinalysis. Urodynamics probably must be done periodically (6 articles) but there was no information on frequency. In 11 articles ultrasound was recommended as a useful, noninvasive and possibly cost-effective screening method. Renal scan was a good method for further testing, especially if ultrasound was positive (11 articles). Evidence was sufficient (11 articles) to recommend ultrasound of the urinary tract to detect urinary tract stones with good sensitivity but not plain x-ray of the kidneys, ureters and bladder (2 articles). There was insufficient evidence to recommend urine markers or cytology for bladder cancer screening (9 articles). Conclusions: Based on this review no definitive recommendations for screening can be made except routine renal ultrasound. Urodynamics are an important part of screening but the frequency is unclear. The optimum bladder cancer screening method has not been defined. [REDACTED] of Urology, [REDACTED] This is a request for cystoscopy. A detailed urogenital examination is not specified in the records provided. A rationale for cystoscopy is not specified in the records provided. The findings of a renal ultrasound and urodynamic study report is not specified in the records provided. Evidence of hematuria is not specified in the records provided. The medical necessity of cystoscopy is not fully established for this patient. Therefore, the request is not medically necessary.

Kidney ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinary Retention in Adults: Diagnosis and Initial Management Am Fam Physician.2008 March 1;77(5):643-650 and www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic review of urological follow up after spinal cord injury. AUCameron AP, Rodriguez GM, Schomer KGSOJ Urol. 2012 Feb;187(2):391-7. Epub 2011 Dec 15.

Decision rationale: Kidney ultrasound, Purpose: There is no consensus on the appropriate urological follow up of individuals after spinal cord injury but it is well known that they are at risk for renal deterioration, bladder cancer and stones. We systematically reviewed the literature to evaluate evidence of urological screening in this population. Materials and Methods: We reviewed 385 abstracts, of which 50 met study inclusion criteria. We rated evidence using American Academy of Neurology 2004 guidelines. Results: A total of 12 articles evaluated urinary tract infection screening. Patient reported symptoms used to predict urinary tract infection yielded mixed results and urine dipstick testing had the same accuracy as microscopy. Routine urine culture was unnecessary in healthy, asymptomatic individuals with normal urinalysis. Urodynamics probably must be done periodically (6 articles) but there was no information on frequency. In 11 articles ultrasound was recommended as a useful, noninvasive and possibly cost-effective screening method. Renal scan was a good method for further testing, especially if ultrasound was positive (11 articles). Evidence was sufficient (11 articles) to recommend ultrasound of the urinary tract to detect urinary tract stones with good sensitivity but not plain x-ray of the kidneys, ureters and bladder (2 articles). There was insufficient evidence to recommend urine markers or cytology for bladder cancer screening (9 articles). Conclusions: Based on this review no definitive recommendations for screening can be made except routine renal ultrasound. Urodynamics are an important part of screening but the frequency is unclear. The optimum bladder cancer screening method has not been defined. [REDACTED] of Urology, [REDACTED] This is a request for kidney ultrasound. The patient is having a history of neurogenic bladder with sling surgery and lithotripsy for stone. Patient is having a medical history of recurrent urinary tract infection due to catheter use. Therefore the request for kidney ultrasound is medically necessary and appropriate to evaluate the renal system.

Bladder augmentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinary Retention in Adults: Diagnosis and Initial Management Am Fam Physician.2008 March 1;77(5):643-650 and www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management Recommendations. In: Incontinence, 4th ed., Abrams P, Cardozo L, Khoury S, Wein A. (Eds), Health Publications, Paris 2009. p.1774. The management of neurogenic bladder and sexual dysfunction after spinal cord injury. AUBurns AS, Rivas DA, Ditunno JFSOSpine (Phila Pa 1976). 2001; 26 (24 Suppl):S129. STUDY DESIGN: Review article.

Decision rationale: Bladder augmentation, Objectives: To review the medical literature and comprehensively discuss the management of bladder and sexual dysfunction after spinal cord injury. Summary and Background Data: The physiologic alterations that accompany spinal cord injury can lead to significant bladder and sexual dysfunction. Fertility in men is also diminished. Without appropriate intervention, the above conditions can lead to significant morbidity and mortality. Methods: Structured review of published reports obtained through a MED-LINE search and texts. Results/Conclusion: With appropriate surveillance and management, morbidity and mortality from neurogenic bladder dysfunction can be successfully prevented. Current treatment interventions also facilitate the restoration of sexual function and fertility after spinal cord injury. [REDACTED] of Rehabilitation Medicine, [REDACTED] [REDACTED]

[REDACTED]. The bladder augmentation surgery is requested for neurogenic bladder-urinary incontinence. Response to non pharmacological measures for urinary incontinence like lifestyle advice (particularly weight loss and dietary changes), bladder training, biofeedback, and pelvic floor muscle exercises is not specified in the records provided. Response to pharmacological measures for urinary incontinence is not specified in the records provided. The result of the requested ultrasound is still pending. The medical necessity of Bladder augmentation is not fully established for this injury. The request is not medically necessary.