

Case Number:	CM14-0180007		
Date Assigned:	11/04/2014	Date of Injury:	03/25/2009
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Urology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male with a 03/25/08 date of injury. The patient tried to stop a 200-pound computer from falling, causing injuries to his back and neck. Diagnoses were urinary incontinence, urethral stricture, impotence of organic origin, and backache. 10/15/14 Peer Clinical Review Report documented that the following were certified on 09/08/14: cystoscopy with IV sedation, urethral dilation, as well as associated operative requests. 08/03/14 Discharge summary documented that the patient had a history of chest pain, shortness of breath, psych disorder, hypothyroidism, hyperlipidemia, hypertension, Hashimoto's thyroiditis, SLE, and chronic back pain. 07/17/14 Urology Progress report documented that the patient had erectile dysfunction, decreased penile sensation and urinary incontinence. A trial of Stendra was not effective for the erectile dysfunction. He had failed a trial of Viagra. There was no sensation in his penis. The treatment plan included a cystoscopic evaluation with possible dilation of a urethral stricture and urodynamic studies. 07/17/14 request for authorization documented the request for preoperative clearance, urodynamic studies, cystoscopy with IV sedation, urethral dilation, vasectomy and followup. Treatment to date has included medications, thoracic laminectomy, lumbar laminectomy, use of cane, physical therapy, functional restoration program, and SCS implantation on 08/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pre-op clearance.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing

Decision rationale: Medical necessity has been established for a preoperative clearance. The patient has a history of several medical conditions including a history of chest pain, shortness of breath, psych disorder, hypothyroidism, hyperlipidemia, hypertension, Hashimoto's thyroiditis, SLE, and chronic back pain. The requests for cystoscopy with IV sedation, urethral dilation, and urodynamic studies have been certified. Considering the multiple medical problems that the patient has, a preoperative clearance is medically reasonable to identify possible risk factors and assess the patient's current medical status. This will decrease the possibility of postoperative complications. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The request is medically necessary and appropriate.