Case Number:	CM15-0015905		
Date Assigned:	02/03/2015	**Date of Injury:**	07/19/1999
Decision Date:	03/31/2015	**UR Denial Date:**	01/14/2015
Priority:	Standard	**Application Received:**	01/27/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 49 year old male who sustained a work related injury on July 19, 1999, where he sustained a cervical injury with cord compression with functional para paresis. Treatment included surgeries, physical therapy, orthopedic, neurology and urology consultations, and pain medications. Diagnoses included cervical myelopathy with torticollis, residual neurogenic bladder, radiculitis and thoracolumbar scoliosis and spondylosis with disc herniation compressing the spinal cord. Currently, the injured worker developed dystonia from the effects of the injury to the cervical cord, and complained of chronic neck pain. He also complained of urinary urgency, nocturia, urinary retention, frequency, recurrent infections and trouble emptying his bladder. On February 3, 2015, a request for a service of one urodynamics to include cystoscopy voiding pressure and urethral pressure, intra press test and one electro uroflow test were non-certified by Utilization Review, noting Guidelines on urinary incontinence, Arnhem ([redacted]); European Association of Urology (EAU).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamics to include cysto voiding pressure (VP) and urethral pressure (UP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation European association of urology, page 11-27, National institute for health and clinical excellence, page 34

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Urodynamic evaluation of the Adult

Decision rationale: Urodynamic testing is only one part of an evaluation that includes history, physical examination, urine culture, and post-void residual. Urodynamic testing is helpful when the diagnosis of lower urinary tract dysfunction is unclear, when objective findings do not correlate with subjective symptoms, when a patient fails to improve with treatment, and when surgical treatment is planned. (See 'Indications' above.) The main components of urodynamic testing are cystometry (measuring bladder pressure during filling of the bladder), uroflowmetry (measuring urine flow over time), pressure-flow study (determining whether poor flow is due to obstruction or detrusor weakness), and urethral pressure profile or leak point pressure (for diagnosis of intrinsic sphincter deficiency). All urodynamic tests have uncontrolled variables, lack of standardization, and artifacts. Therefore, they must be interpreted with caution in the context of a patient's entire clinical picture. In this case the patient complains of urinary frequency and nocturia. The physical exam notes a smooth prostate. The documentation doesn't support the medical necessity for urodynamic testing (to include cystometry, uroflowmetry and pressure-flow study) based on a limited history. There is no documentation that the patient has failed treatment or that surgery is planned.

Intra press test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation European association of urology, page 11-27

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Urodynamic testing of the adult.

Decision rationale: Urodynamic testing is only one part of an evaluation that includes history, physical examination, urine culture, and post-void residual. Urodynamic testing is helpful when the diagnosis of lower urinary tract dysfunction is unclear, when objective findings do not correlate with subjective symptoms, when a patient fails to improve with treatment, and when surgical treatment is planned. (See 'Indications' above.) The main components of urodynamic testing are cystometry (measuring bladder pressure during filling of the bladder), uroflowmetry (measuring urine flow over time), pressure-flow study (determining whether poor flow is due to obstruction or detrusor weakness), and urethral pressure profile or leak point pressure (for diagnosis of intrinsic sphincter deficiency). All urodynamic tests have uncontrolled variables, lack of standardization, and artifacts. Therefore, they must be interpreted with caution in the context of a patient's entire clinical picture. In this case the patient complains of urinary frequency and nocturia. The physical exam notes a smooth prostate. The documentation doesn't support the medical necessity for urodynamic testing (to include cystometry, uroflowmetry and pressure-flow study) based on a limited history. There is no documentation that the patient has failed treatment or that surgery is planned.

Electro uroflow test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Urodynamic studies in the Adult.

Decision rationale: Urodynamic testing is only one part of an evaluation that includes history, physical examination, urine culture, and post-void residual. Urodynamic testing is helpful when the diagnosis of lower urinary tract dysfunction is unclear, when objective findings do not correlate with subjective symptoms, when a patient fails to improve with treatment, and when surgical treatment is planned. (See 'Indications' above.) The main components of urodynamic testing are cystometry (measuring bladder pressure during filling of the bladder), uroflowmetry (measuring urine flow over time), pressure-flow study (determining whether poor flow is due to obstruction or detrusor weakness), and urethral pressure profile or leak point pressure (for diagnosis of intrinsic sphincter deficiency). All urodynamic tests have uncontrolled variables, lack of standardization, and artifacts. Therefore, they must be interpreted with caution in the context of a patient's entire clinical picture. In this case the patient complains of urinary frequency and nocturia. The physical exam notes a smooth prostate. The documentation doesn't support the medical necessity for urodynamic testing (to include cystometry, uroflowmetry and pressure-flow study) based on a limited history. There is no documentation that the patient has failed treatment or that surgery is planned.