

Case Number:	CM15-0015907		
Date Assigned:	02/03/2015	Date of Injury:	04/19/1999
Decision Date:	06/22/2015	UR Denial Date:	01/13/2015
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: 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 49-year-old male, who sustained an industrial injury on 7/19/99. He has reported pain in the neck related to a fall. The diagnoses have included cervical myelopathy, cervical fusion osteoporosis, chronic pain and neurogenic bladder. Treatment to date has included psychiatric care, MRI of the cervical spine and oral medications. On 10/22/14, the treating physician requested a urology consultation for reported nocturia, trouble emptying and urgency. Per the urology report of 12/22/14, the injured worker had "voiding symptoms include: frequency tenesmus nocturia x5." The "Assessment" was "urinary frequency." The treatment plan included "BFD PVR Cysto Urodynamics." The Request for Authorization included cystoscopy and uroflow. There were no further details given regarding the medical necessity for the prescribed tests. On 1/13/15 Utilization Review non-certified a request for a cystoscopy and uroflow. The utilization review physician cited non-MTUS, evidence based guidelines for cystoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guidelines Center for Acute and Chronic Conditions, Lower Urinary Tract Symptoms. The Management of lower urinary tract symptoms in men. London (UK): National Institute for Health and Clinical Excellence (NICE); 2010 May. 34p. (Clinical Guideline; no. 97).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1829911>, Cystoscopy-overview, Ghoniem, Gamal MD; updated 12/3/13.

Decision rationale: Indications for cystoscopy have not been met in this case. Indications for cystoscopy are listed below. The treating physician has provided a limited history and physical examination, and has not provided a sufficient basis to proceed with the requested cystoscopy as a result. The cystoscopy is not medically necessary based on the cited guideline and the lack of sufficient clinical evaluation in the available medical records. Diagnostic indications for cystoscopy include the following: Evaluation of patients with voiding symptoms (storage or obstructive). Gross or microscopic hematuria. Evaluation of urologic fistulas. Evaluation of urethral or bladder diverticula. Congenital anomalies in pediatric population. Retrieval of samples (for cytologic and histologic studies). Intraoperative evaluation of the urethra, bladder, and ureters after some incontinence or prolapse procedures. Retrograde pyelography for upper urinary tract evaluation. Therapeutic indications include the following: Treatment of urethral strictures. Bladder neck procedures [4]. Intravesical procedures (eg, for treatment of bladder stones, bladder ulcers, or bladder tumors; removal of foreign bodies in the bladder; botulinum toxin injection; and ureteral catheterization in association with some gynecologic problems). Reflux treatment in pediatric population.

Uroflow #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adult Urodynamics: American Urological Association (AUA)/ Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.auanet.org/education/guidelines/adult-urodynamics.cfm>.

Decision rationale: Indications for uroflow have been met in this case. The guideline cited above provides a detailed list of possible urodynamic tests for lower urinary tract symptoms. Conditions listed include overactive bladder, stress urinary incontinence, neurogenic bladder, and LUTS. The injured worker's has significant voiding symptoms and the possibility of a neurogenic bladder. The uroflow is therefore medically necessary. The Utilization Review is overturned as the symptoms are sufficient to meet the recommendations of the cited guideline.