

Case Number:	CM15-0124969		
Date Assigned:	07/09/2015	Date of Injury:	01/17/2002
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 68 year old male who sustained an industrial injury on January 17, 2002. He has complained of urological complaints of erectile dysfunction and has been diagnosed with multiple trauma secondary to motor vehicle accident with lower extremities fractures, right lumbosacral plexopathy, neuropathy, chronic leg length discrepancy and gait abnormalities were 5 lymphedema, prostate cancer status post radiation, diabetic neuropathy the rate rule out neurogenic bladder, and incontinence, and erectile dysfunction. Treatment has included medications. Upon physical examination the injured worker was asked to void. His postvoid residual was approximately 150 cc. The neuro urologic examination was intact. The pelvic examination including penis testicles was within normal limits. There was a poor cremasteric reflex and a poor sphincter tone. The treatment request included Bulbocavernosus reflex latency exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bulbocavernosus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://search.proquest.com/openview/7240844ad571>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laudano MA et al, Use of the Bulbocavernosus Reflex System in assessing voiding dysfunction, World J Urol. 2013 Dec;31(6):1459-62.

Decision rationale: The MTUS and ODG do not address bulbocavernosus reflex latency exam testing (BCR) also known as stimulus evoked response. Also, there are no national guidelines discussing the use of this test. Peer-reviewed medical literature was utilized for this review. In this study, the authors use looked at "BCR as a predictor of specific voiding dysfunction patterns confirmed by urodynamics (UDS)". They found that "Prolonged bulbocavernosus reflex latency was not associated with Detrusor Over activity, Bladder Outlet Obstruction, Intrinsic Sphincter Deficiency, or detrusor sphincter dyssynergia. Although evidence in the literature suggests a link between this reflex arc and voiding, its specific diagnostic role remains unclear. Large prospective trials are needed to further explore the role of BCR in the evaluation of patients with voiding dysfunction". There is no recommendation for its use in the evaluation of neurogenic bladder which this patient has. As such, the request for Bulbocavernosus reflex latency exam is not medically necessary.