

Case Number:	CM15-0175131		
Date Assigned:	09/25/2015	Date of Injury:	10/16/1998
Decision Date:	11/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Florida

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 10-16-98. The injured worker was diagnosed as having paraplegia; quadriplegia; lumbago; brain injury; cervical pain-cervicalgia; spinal cord injury; myofascial pain syndrome-fibromyalgia. Treatment to date has included physical therapy; medications. A PR-2 note dated 4-21-15 is a consultation documented as "He comes in to discuss treatment for his overactive bladder symptoms of incontinence. He catheterizes because he is a paraplegic at the level of T12. He can just dribble a few cubic centimeters, but had to catheterize himself. However, he continues to dribble during the day and has developed a penile wound of some sort as a result. He has had treatment at the wound center for 9 months, he also has tried penile clamps, condom catheters, a suprapubic tube, and none of this is helping. The wound center told him to check with us about that as well." The provider counseled him for Interstim versus Botox, but states "I think the pressing problem is this penile wound. They did not prepare me to look at it today, so we will have him back in a few weeks and concentrate on that first and then we will move from there." The PR-2 notes dated 4-23-15 documented by the provider indicating the injured worker "comes in for his complicated problem of incontinence having tried almost everything and a skin breakdown around the penis. He shows me a very swollen thick prepuce with a quarter sized raw areas and a smaller area on the dorsum. He says he has had these for over a year now. Because of that he has difficulty wearing the incontinence device which is basically the type of clamp. IT looks to me like this might need a skin graft; however, the incontinence problem also needs to be dealt with. I suggested a suprapubic tube but he says that was has not worked for him in the past." The

provider notes a "multistix PRO Urinalysis was done on this day which was normal." The treatment plan was to refer the injured worker to the University. A PR-2 note dated 5-29-14 documents "His bladder is managed by a Foley catheter. He tried a suprapubic catheter (SPT) but he had too much incontinence. He basically needs some type of system to go over his penis because he has a problem with urethral necrosis from the catheter and gradually his urethra is opening up along the ventral surface." On the visit on this date the provider notes "He has had some urethral erosion down the tip of the penis to the coronal sulcus. He is here with his wife who is active in his care. He did not do well with the SPT in the past due to leakage. They are here to discuss all options for wound care and urinary drainage. His bladder does not drain on its own if there is no indwelling Foley." The PR-2 notes dated 7-24-15 was not part of the Utilization Review medical, but may allow for this review a prospective additionally necessary for the injured worker. The provider documents the injured worker was seen "in the Urology facility practice clinic as a new patient in a consultation at the request of [provider] for evaluation and possible treatment of penile skin breakdown and severe urinary continence, which has been ongoing since the time of his SCI [spinal cord injury]. Briefly, he has had a T12 SCI and has been catheterizing for many years (5-6 times a day). He complains of severe urge and has undergone numerous trials of anticholinergics however none have really worked. He also reports some skin breakdown around the penis that is a result of his 'CIC' which he does every 3-4 hours and emptying 100cc each time. At this initial visit, the injured worker reports worsening erosions with condom cath and Cunningham clamp. The injured worker denies any fatigue, fever, malaise, poor appetite, weight gain, weight loss, night sweats, slow growth, rapid growth and deviating from growth curve. His last UDP was 3-24-15 and showed a capacity of 191cc with 1st sensation at 55cc. DI occurred at 18cm however no urge incontinence noted." He is wheel chair bound. The provider discussed treatment options as perhaps an "ileal conduit for wound healing, minimizing bags and quality of life. We discussed that the continual usage of the clamp will cause further erosion. Closure of his penile wound would be easy but he will continue to have issues if he wears the clamp. A second opinion with a neurology expert [named] for management of his urinary incontinence was recommended and will be requested. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-6-15 and non-certification was for a Cystoscopy. The Utilization Review letter describes a telephone conversation took place with this provider regarding medical necessity for the requested cystoscopy. The Reviewer notes the provider commented "the indication for the cystoscopy is a severe breakdown on the midsection of the penile shaft, and the cystoscopy is to look for a urethral stricture." Utilization Review denied the requested procedure referencing the CA MTUS Guidelines: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It is not clear why a urethral stricture would be diagnosed via cystoscopy, or how a urethral stricture could go undetected via the multiple other procedures done recently." A request for authorization has been received for a Cystoscopy and therefore is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1829911-overview#aw2aab6b2b2> (last accessed 08/03/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imaging of urethral stricture disease. Translational Anthrology and Urology. Conrad Maciejewski, Keith Rourke Division of Urology, Department of Surgery, University of Alberta, Edmonton, Alberta, Canada Correspondence to: Keith Rourke, MD, FRCSC. Division of Urology, Department of Surgery, University of Alberta, Suite 400 Hys Centre, 11010-101 Street NW, Edmonton, AB, T5H 4B9, Canada. Email: krourke@ualberta.ca. Vol 4, No 1. Feb 2015.

Decision rationale: An Independent Medical Review has been requested to determine the medical necessity of a Cystoscopy. The requesting physician stated to the Utilization Review physician that this test is being requested to look for urethral strictures. Cystoscopy is a diagnostic tool used to evaluate the urethra and bladder, and can be used to inspect for urethral strictures via direct visualization. This is absolutely a legitimate reason to order a Cystoscopy study. It is the opinion of Independent Medical Review that Utilization Review's decision be over turned. This request for a Cystoscopy procedure is deemed medically necessary and appropriate.