MAXIMUS Federal Services

Case Number:	CM15-0091433		
Date Assigned:	05/15/2015	Date of Injury:	01/21/1994
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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: California, Indiana, New York
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 68 year old male, who sustained an industrial injury on 1/21/94. He reported a low back injury. The injured worker was diagnosed as having lumbar stenosis, thoracic stenosis, decreased urine stream, impotence and inability to maintain an erection. Treatment to date has included lumbar and thoracic laminectomy, physical therapy, oral medications including narcotics and muscle relaxants.Currently, the injured worker complains of back pain and tingling in both feet and problems with erectile dysfunction.Physical exam noted decreased lumbar range of motion and some tightness to hamstrings bilaterally. The treatment plan included request for authorization for office visit, urinalysis, cystoscopy and urodynamics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscopy: 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 http://www.nlm.nih.gov/medlineplus/ency/article/003903.htm.

Decision rationale: Pursuant to Medline plus, cystoscopy is not medically necessary. Cystoscopy is one with a cystoscope. Indications include evaluating for cancer of the bladder or urethra; evaluate urinary tract disorders; evaluate and repeat bladder infections; and to help determine the cause of painful urination. For additional details see the attached link. In this case, the injured worker's working diagnoses are erectile dysfunction; and voiding dysfunction. The injured worker had a pelvic sonogram. The sonogram did not show a post-void residual. There were calculi present within the prostate. Prior to cystoscopy, baseline testing should be performed. Baseline tests include a urine analysis and a urine culture. The injured worker had a normal prostate on physical examination and the ultrasound did not show evidence of a post void residual. A cystoscopy is not indicated at this time. A trial of first line medications including alpha-adrenergic blockers or Flomax to improve urine flow is appropriate. Second line medications, to improve urine flow, include Cialis and Viagra. The treating urologist just prescribed Rapaflo on March 12, 2015 prior to the request for cystoscopy. Consequently, absent baseline evaluation with a urinalysis and urine culture with evidence of first-line treatment with an alpha-adrenergic blocker or Flomax, cystoscopy is not medically necessary.

Urodynamics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=36909&search=urodynamic+studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.niddk.nih.gov/health-information/health-topics/diagnostic-tests/urodynamic-testing/Pages/Urodynamic%20Testing.aspx.

Decision rationale: Pursuant to the National Institute of Diabetes and Digestive and Kidney Diseases, urodynamic testing is not medically necessary. Urodynamic testing is a procedure that looks at how well the bladder, sphincters and urethra are storing and releasing urine. Most of your dynamic tests focus on the bladder's ability to hold urine and empty steadily and completely. Urodynamic tests range from simple observation to precise measurements using sophisticated instruments. For additional details see the attached link. In this case, the injured worker's working diagnoses are erectile dysfunction; and voiding dysfunction. The injured worker had a pelvic sonogram. The sonogram did not show a post-void residual. There were calculi present within the prostate. Prior to cystoscopy, baseline testing should be performed. Baseline tests include a urine analysis and a urine culture. The injured worker had a normal prostate on physical examination and the ultrasound did not show evidence of a post void residual. A cystoscopy is not indicated at this time. A trial of first line medications including alpha-adrenergic blockers or Flomax to improve urine flow is appropriate. Second line medications, to improve urine flow, include Cialis and Viagra. The treating urologist prescribed Rapaflo on March 12, 2015 prior to the request for urodynamics studies. Consequently, absent

baseline evaluation with a urinalysis and urine culture with evidence of first-line treatment with an alpha-adrenergic blocker or Flomax, urodynamic testing is not medically necessary.