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Notice of Independent Review Decision

DATE OF REVIEW: 4/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the medical necessity of Cystourethros, Implant of stim, Outpatient (52005, 52214, 52281, 64561).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Urology. This reviewer has been practicing for greater than 15 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the medical necessity of Cystourethros, Implant of stim, Outpatient (52005, 52214, 52281, 64561).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Medical and Surgical Clinic

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Clinic: letter – 4/5/10, Patient Info Sheet – undated; Denial Letter – 3/5/10 & 3/24/10; lp SOAP note – 8/20/09; notes – 8/20/09-10/27/09; MD SOAP notes –

9/2/09-3/23/10; MD SOAP notes – 10/3/09-2/23/10, letters – 2/23/10 & 3/23/10, Operative Report – 10/15/09; ECG, Cystometry, and Uroflow report – 10/13/09; Imaging MRI report – 12/8/09; Imaging Consultation report – 2/1/10, Procedure Notes – 2/15/10 & 3/24/10; various DWC73's.

Records reviewed from: Utilization Review Referral – 3/2/10, Utilization Review Referral Reconsideration – undated; and letter – 3/8/10.

We did not receive WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is man who sustained a back injury when he fell from a truck on xx/xx/xx. His symptoms included low back pain radiating to the left leg initially. Although he was clinically diagnosed with a fractured coccyx, the initial x-rays did not include evidence of a fracture. He received multiple medications for treatment, including NSAID's and narcotic analgesics. An MRI showed a contusion, but not evidence of a sacral fracture. Epidural steroid injections were given in February 2010, but these did not give significant improvement in his pain.

The notes dated 9/29/09 state that he was complaining of "perineal symptoms and some urgency of urination." There was no complaint of incontinence, but sexual dysfunction is mentioned. A urologic consultation was recommended.

He saw on 10/3/09. The patient complained of urgency and a poor urine flow, nocturia, post-voiding dribbling, urinary frequency and erectile dysfunction. There was no prior history of urological disease. He had a urodynamic evaluation, and later (10/15/09) had cystoscopy with dilation of the urethra for what is reported as a stricture of the bulbar urethra.

The report of the first postoperative visit states that he had an improvement in his symptoms of poor flow and dribbling, but there was continued urgency. No additional treatment was recommended. Several additional visits with the urologist indicate that there was a persistence of urgency symptoms, although there is no record of any treatment for the problem. At the office visit of 2/23/10m noted that he would be a good candidate for Interstim therapy testing and repeat cystoscopy to look at his anatomic status.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The records do not support the need for a second endoscopic examination. The patient had a cystoscopic examination that showed a urethral stricture. This was treated by urethral dilation. No other anatomic abnormalities or other sources of irritative symptoms were listed. The symptom of a slow stream has resolved. There is no evidence of a recurrence of a stricture or of another anatomic or pathologic finding in the records that would require cystoscopy.

There is no documentation of any therapy for the overactive bladder symptoms in the records that were reviewed. Interstim therapy is designated as treatment for intractable bladder symptoms when other modalities have failed.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
 - Treatment Success for Overactive Bladder with Urinary Urge Incontinence Refractory to Oral Antimuscarinics: A Review of Published Evidence; Jonathan D. Campbell, et al; BMC Urology 2009, 9:18.
 - Overactive Bladder in Males; Alex Gomelsy; Roger Dmochowski; Ther Adv Urol; 2009 1(4): 209-221
 - AUA Guidelines for Evaluation and Treatment of BPH