

Becket Systems

An Independent Review Organization
9219 Anderson Mill Road #1012
Austin, TX 78729
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Nocturnal Penile Tumescence and/or Rigidity Test

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

MD, Board Certified Internal Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/15/09, 1/7/10
12/31/09

Reviews 10/15/09, 1/6/10

M.D. 10/22/09, 10/8/09, 2/5/09

Law Office 10/22/09

M.D., 8/6/09

ODG Guidelines and Treatment Guidelines (does not address)

PATIENT CLINICAL HISTORY SUMMARY

This patient sustained a lumbar injury in xxxx with surgery in February 2007. He developed bowel and bladder dysfunction, thought to be due to cauda equina lesion. He has been evaluated by MD (Urology) and recommended for urodynamic studies. It is unclear if these have been performed. Dr. also documents (on two separate occasions) the presence of erectile dysfunction and has requested further testing. Nocturnal Penile Tumescence and/or Rigidity Test was denied upon peer review.

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

I have reviewed the use of nocturnal penile tumescence testing in the evaluation of cauda equina symptoms. The ODG does not address this issue. Nocturnal penile tumescence is the spontaneous occurrence of an erection during sleep. This test is used to determine

whether the cause of erectile dysfunction is psychological or physiological. If nocturnal tumescence is detected, then the erectile dysfunction is presumed to be due to a psychosomatic cause; if not, then it is due to a physiological cause. In this case, this determination will help the treating physician to determine if cauda equina syndrome is present and will guide further treatment. The reviewer finds that medical necessity exists for Nocturnal Penile Tumescence and/or Rigidity Test.

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

ACOEM-AMERICA 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)

Rothman-Simeone The Spine, 5th Edition.

Spine Surgery: Techniques, Complication Avoidance, and Management, 2nd Edition.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)