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**DATE OF REVIEW:** 02/28/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat Bladder Scan/Uroflo/UA/fill and pull, PNR

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

This case was reviewed by a Texas licensed MD, specializing in Emergency Medicine, Internal Medicine, Toxicology. The physician advisor has the following additional qualifications, if applicable:

ABMS Emergency Medicine, Emergency Medicine: Medical Toxicology, Internal Medicine

**REVIEW OUTCOME:**

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Repeat Bladder Scan/Uroflo/UA/fill and pull, PNR	51741, 81000, 76775, 99212	-	Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Initial Request	TDI	17	02/07/2011	02/07/2011
2	Op Report	Surgery Center	2	01/21/2011	01/21/2011
3	Office Visit Report	MD	4	01/13/2011	01/13/2011
4	Initial Request	WC	1	01/14/2011	01/14/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male patient with a date of injury of xx/xx/xx. Apparently this patient developed problems with his urinary system following placement of a foley during his back surgeries. Studies had shown urinary retention due to urethral strictures subsequent to these foleys being placed. His original back injury had been about

three years prior. Surgery on his back had been performed in 2008 and 2010. His problems began following the second surgery. Cystoscopy had documented the presence of strictures which were surgically treated. Subsequently, he is to return to evaluate post-operative presence or absence of incontinence. Following a surgical procedure to correct incontinence, it would be reasonable to assess success of the procedure using the uroflow study as requested. It is a simple and fairly non-invasive means to determine whether the patient is still incontinent. The request for Repeat Bladder Scan/Uroflo/UA/fill and pull, PNR has been denied on initial and upheld on appeal. This is an IRIO request for a Repeat Bladder Scan/Uroflo/UA/fill and pull, PNR.

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

Is repeat bladder scan, Uroflo, UA fill and pull prn medically necessary? It is a simple and fairly non-invasive means to determine whether the patient is still incontinent. The request for Repeat Bladder Scan/Uroflo/UA/fill and pull, PNR has been denied on initial and upheld on appeal. If this is a post operative procedure, a repeat repeat bladder scan, Uroflo, UA fill and pull prn uroflow study is reasonable to evaluate the success of the surgical procedure. IRO recommend overturning prior decision.

ODG does not address.

World J Urol, 1995; 13: 21-23; Uroflowmetry in elderly men: In the evaluation of lower-urinary-tract symptoms, uroflowmetry has played a major role for decades due to its noninvasiveness and simplicity to perform

KME Jensen

Health Technology Assessment, 2006; 10:6; JLMartin, KS Williams, KR Abrams, DA Turner, AJ Siutton, C Chapple, RP Assassa, C Shaw, F Cheater.

Systematic review and evaluation of methods of assessing urinary incontinence (Health Technology Assessment 2006; Vol 10: number 6 Health Technology Assessment 2006; Vol 10: number 6) :The gold-standard diagnostic test for urinary incontinence with which each reference test was compared was multichannel urodynamics

<http://www.hta.ac.uk/execsumm/summ1006.htm>

<http://emedicine.medscape.com/article/450903-overview>

**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): WORLD J UROL, 1995; 13: 21-23**

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 02/28/2011.