MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: June 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Rigiscan Nocturnal Penile Tumescence Monitoring.

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

M.D., Board Certified in Urology.

REVIEW OUTCOME

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

[X] Upheld **(Agree)**

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

The requested Rigiscan Nocturnal Penile Tumescence Monitoring is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 5/17/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/22/12.
3. Notice of Assignment of Independent Review Organization dated 5/23/12.
4. Letter from MD dated 5/19/11.
5. Rigiscan Nocturnal Monitoring results from 1/28/10 through 1/30/10.
6. Patient medical records from Imaging and Treatment Center dated 7/27/10.
7. Patient medical records from MD dated 1/5/10 and 7/16/10.
8. Patient medical records from DC dated 3/28/11 through 2/16/12.
9. Patient medical records from dated 8/25/10 through 5/3/12.
10. Patient medical records from dated 3/30/11 and 9/15/11.
11. Patient medical records from MD, PA dated 1/12/12.
12. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury while on the job lifting a motor rail and closed overhead door. He sustained cervical and lower lumbosacral spine injuries during this process and has been unable to work since. Besides having a back injury and associated pain and problems with mobility and strength, the patient also suffered neurologic sequelae which has given him urinary symptoms of leakage and urgency. The patient is currently being prescribed anticholinergics for this, which is reportedly providing some benefit. The patient's pain was reportedly to be of sudden onset in the cervical, thoracic and lumbar regions. MRIs performed on 7/27/10 evidenced the following: disc herniations at C4-5 and C5-6, with cord compression; disc herniation at C3-4 with abutment of the cervical spinal cord; marked compression of the left C6 nerve root in the left C5-6 neural foramen; extruded left paracentral disc herniations at T7-8 and T8-9 with left-sided cord compression; broad based disc herniation at L5-S1 with mild impression on both L5 nerve roots in the neural foramina; broad based disc herniation at L4-5 with mild impression on both L4 nerve roots in the neural foramina; broad based disc herniation at L3-4 with mild impression on both L3 nerve roots in the neural foramina; and posterior annular disc bulges with annular tearing at L1-2 and L2-3, but no neural encroachment. The patient has undergone lower and upper EMG and nerve conduction studies. The patient has symptoms of back pain radiating to the lower extremities and accompanied by urinary urgency, difficulty with bowel control and erectile dysfunction. The patient's provider has recommended Rigiscan Nocturnal Penile Tumescence Monitoring for evaluation of the patient's erectile dysfunction.

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

At issue is the medical necessity of Rigiscan Nocturnal Penile Tumescence Monitoring for this patient's condition. The Official Disability Guidelines do not specifically address Rigiscan Nocturnal Penile Tumescence Monitoring. The documentation provided evidenced that the patient originally underwent Rigiscan Nocturnal Penile Tumescence Monitoring on 1/29/10. This test was abnormal and consistent with organic impotence. Since then, the patient has been given five PDE inhibitors, specifically Levitra and most recently Cialis 5 mg. Thus, this patient has already undergone Rigiscan Nocturnal Penile Tumescence Monitoring and there is no rationale given for why this study is being requested again. The proposed treatment plan is not consistent with a standard treatment regimen for a patient with similar symptoms. Penile Tumescence Monitoring would have no value for this patient, as he has been persistently impotent since the injury and this test would add nothing in terms of understanding and/or treating the problem. Based on the documentation provided, Rigiscan Nocturnal Penile Tumescence Monitoring is not clinically indicated.

Therefore**,** I have determined the requested Rigiscan Nocturnal Penile Tumescence Monitoring is not medically necessary for treatment of the patient's medical condition.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES DO NOT ADDRESS THIS SITUATION

[ ] 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)