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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Regiscan and EMG/NCV w/Anal Sphincter

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

M.D., Board Certified Pain 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for Regiscan and EMG/NCV w/Anal Sphincter.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review dated 06/21/12

Utilization review dated 07/07/12

Utilization review dated 08/23/12

Pre authorization request dated 06/13/12

Reconsideration pre authorization request dated 07/03/12

Patient information/ history 07/16/12

Urodynamic testing dated 01/01/2000

Office notes dated 05/19/11-08/02/12

Clinical laboratory report dated 01/26/12

Office note dated 06/16/11

Notice of disputed issues and refusal to pay benefit 07/05/11

Initial office visit dated 03/29/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained injury on xx/xx/xx when he slipped on a wet bathroom floor, twisted and fell. He had previously injured his lower back secondary to a motor vehicle accident on 02/07/1996. He also was injured secondary to an altercation with a large student. Records indicate the claimant began to notice difficulty voiding after the motor vehicle accident and could only void in small quantities. His symptoms became much worse after he underwent chemoneurolysis. The clinical records reflect that Vasicare has profoundly reduced his urinary urgency and frequency. The claimant was also placed on testosterone therapy and Cialis to which he is responding favorably. It is recommended to proceed with the evaluation to prove the correlation with his bladder and bowel dysfunction and erectile dysfunction with his back injury. A request for RegiScan and EMG/NCV with anal sphincter

was non-certified as medically necessary per utilization review dated 06/21/12 and again on 07/07/12 reviewer noted that RegiScan is used to distinguish psychogenic impotence from physiologic impotence. It was noted the claimant is able to achieve erection with Cialis demonstrating that the physiological pathways are intact. An alternate method for evaluating the etiology of impotence is a history and physical examination. It was noted that EMG/NCV with anal sphincter was not medically necessary. This evaluates the sacral nerves, which usually are affected in cauda equina syndrome. There is no evidence of any sacral damage or cauda equina syndrome in this case and therefore there is no indication for EMG of the anal sphincter.

An appeal request for RegiScan and EMG/NCV with anal sphincter was non-certified as medically necessary per review dated 08/23/12. It was noted the claimant was first injured in 1996 in a motor vehicle accident and subsequently involved in two other work related accidents after which he complained of musculoskeletal symptoms and also problems with urination. He developed urgency and urge incontinence. He subsequently has been diagnosed with hypogonadism and impotence. Urodynamic evaluation done 02/16/12 confirmed that there is a hypertonic bladder. He has been followed and treated. He is currently taking medication for the bladder that is controlling the urgency and incontinence. He is using medication for erectile dysfunction and getting good response with satisfactory erections for intercourse. It was noted that previous non-certification of EMG/NCV cited no evidence of any sacral damage or cauda equina syndrome in this claimant. The RegiScan was non-certified citing the claimant is able to obtain erection with medication demonstrating that the physiologic pathways are intact. Noting that the claimant has been treated with a PDE5 inhibitor and had good response according to the notes with which the claimant's pleased. Further testing will not change the treatment or outcome. The EMG/NCV with anal sphincter was noted as not medically necessary. The claimant's symptoms and prior urodynamic evaluation confirmed the presence of detrusor over activity; there are other, more specific tests that would diagnose a spinal lesion more effectively.

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

The claimant was noted to sustain injuries secondary to motor vehicle accident as well as two other events affecting the low back. Following the motor vehicle accident the claimant reported urinary urgency/incontinence. Records indicate that urodynamic testing confirmed a hypertonic bladder. The claimant is being controlled with medications, and the records indicate that Vesicare has profoundly reduced his urinary urgency and frequency. Claimant also complains of erectile dysfunction, but is noted to be getting good response with Cialis. The request for RegiScan is not supported as medically necessary as the claimant has demonstrated the he has been able to obtain erections with medication thereby demonstrating that physiologic pathways are intact. As noted on previous review, further testing will not change the treatment or outcome regarding the request for electrodiagnostic testing with anal sphincter, it is noted that prior urodynamic evaluation and the claimant's symptoms confirm presence of detrusor over activity. There is no documentation indicating sacral damage or cauda equina syndrome. Based on the current clinical data, the reviewer finds medical necessity is not established for Regiscan and EMG/NCV w/Anal Sphincter. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)

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