

FROM: Charleston Urology | TO: Prior Authorization | DATE: 10/11/2025 11:22 | PAGES: 3

CHARLESTON UROLOGY CLINIC

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PATIENT INFORMATION

Name: Thompson, James Michael
Date of Birth: 05/30/1959 (Age: 66 years)
Medical Record: CUC-459273
Insurance: Medicare Part B | ID: 4WK9LN3QP72
Visit Date: 10/09/2025

CHIEF COMPLAINT

66-year-old male with persistent urge urinary incontinence despite conservative therapy

HISTORY OF PRESENT ILLNESS

Patient reports 3-year history of progressive urge urinary incontinence. Currently experiencing 7-9 incontinence episodes daily with severe urgency. Requires 5-6 pads per day. Significantly impacts quality of life and daily activities. Denies stress incontinence, dysuria, or hematuria.

Prior Treatment History:

Behavioral Management (2022-2023):

- Bladder training program (6 months)
- Pelvic floor physical therapy (4 months)
- Timed voiding and fluid management
- Minimal sustained improvement

Pharmacologic Trials:

1. Oxybutynin 5mg TID (5 months, 2023) - discontinued due to dry mouth and constipation
2. Tolterodine ER 4mg daily (4 months, 2023-2024) - inadequate response
3. Solifenacin 10mg daily (6 months, 2024-present) - partial benefit approximately 25-30%, still significantly symptomatic

PAST MEDICAL HISTORY

- Hypertension
- Hyperlipidemia
- Benign prostatic hyperplasia
- GERD
- NO diabetes mellitus
- NO neurologic disease
- NO spinal cord injury

SURGICAL HISTORY

- None

CURRENT MEDICATIONS

1. Lisinopril 20mg daily
2. Atorvastatin 40mg at bedtime
3. Solifenacin 10mg daily

- 4. Tamsulosin 0.4mg at bedtime
- 5. Omeprazole 20mg daily

ALLERGIES

No known drug allergies

PHYSICAL EXAMINATION (10/09/2025)

Vitals: BP 136/82, HR 74, Temp 98.6°F, Weight 185 lbs
General: Well-appearing male in no acute distress
Abdomen: Soft, non-tender, no masses
GU: Normal external genitalia, prostate moderately enlarged (~40g), smooth, no nodules
Neurologic: Alert and oriented x3, normal gait, intact sensation

DIAGNOSTIC STUDIES

Baseline Voiding Diary (09/28-09/30/2025) :

Parameter	Day 1	Day 2	Day 3	Average
Incontinence episodes	8	9	7	8.0
Total voids	16	17	15	16.0
Nocturia	3	4	3	3.3
Pads used	6	5	6	5.7

Urinalysis (09/28/2025): Negative for infection, blood, protein

Post-Void Residual (09/28/2025): 48 mL (normal)

Uroflowmetry (09/28/2025) :

- Voided volume: 310 mL
- Peak flow: 16 mL/sec
- Average flow: 10 mL/sec
- Normal flow curve

Urodynamic Study (10/01/2025) :

- Cystometric capacity: 320 mL
- First sensation: 130 mL
- Strong desire: 225 mL
- Detrusor overactivity present with involuntary contractions
- No stress incontinence
- No bladder outlet obstruction
- Normal compliance

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PERCUTANEOUS TEST STIMULATION**Procedure Date:** October 3, 2025**Type:** Percutaneous nerve evaluation (PNE)**Lead Placement:** S3 bilateral under fluoroscopic guidance**Trial Duration:** 14 days (10/03/2025 - 10/17/2025)**Trial Period Voiding Diary (Days 10-12):**

Parameter	Day 10	Day 11	Day 12	Trial Avg	% Change
Incontinence episodes	5	6	5	5.3	-34%
Total voids	13	14	12	13.0	-19%
Nocturia	2	3	2	2.3	-30%
Pads used	4	4	3	3.7	-35%

TEST RESULT: 34% improvement in incontinence episodes

Patient reports modest improvement during trial period. Some reduction in urgency and frequency noted. No adverse effects during trial. Patient expressed interest in permanent device but acknowledges improvement was less than hoped for.

ASSESSMENT**Primary Diagnosis:** Urge urinary incontinence (N39.41)**Secondary Diagnosis:** Overactive bladder syndrome (N32.81)**CLINICAL SUMMARY & PLAN**

66-year-old male with refractory urge urinary incontinence. Has failed comprehensive behavioral therapy and three different anticholinergic medications over 15+ months. Urodynamics confirm detrusor overactivity. No contraindications to therapy identified. Patient underwent test stimulation with 34% improvement in incontinence episodes.

Plan:

1. Submitted authorization request for permanent SNS device
2. Continue current medications
3. Patient counseled on test results and device options
4. Consider alternative therapies if authorization not obtained
5. Follow-up in 4 weeks or sooner pending authorization decision

Dr. Mark Stevens

Mark Stevens, MD
Board Certified Urology
Date: 10/09/2025
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