

Case Number:	CM13-0003386		
Date Assigned:	11/01/2013	Date of Injury:	10/15/2010
Decision Date:	01/22/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, shoulder, mid back, and neck pain, reportedly associated with industrial injury of October 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar laminectomy; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of July 15, 2013, the claims administrator denied a request for a urology consultation, stating that there is "no nexus to the cited mechanism of injury." It is stated that the applicant's testicular pain and tenderness are nonindustrial phenomenon. The applicant's attorney later appealed, on July 17, 2013. In a prior clinical note of September 25, 2012, it is stated that the applicant reports groin pain and testicular pain. The applicant's primary care physician stated that the applicant's testicles are fine. The applicant's testicles are examined and show no growth, masses, or other irregularities. The applicant is currently employed and continues to smoke, it is noted. A subsequent medical legal report of January 24, 2013 is notable for comments that the applicant reports daily, atraumatic testicular pain. The applicant's states that he is not engaging in sexual activity and states that his libido is okay, but has apparently not engaged in sexual activities since the date of injury. On August 8, 2013, it is stated that the applicant is having continuous complaints of testicular pain and that he will follow up with a Veterans' Administration to obtain his proposed urology consult.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urology consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1.

Decision rationale: