

Case Number:	CM13-0004768		
Date Assigned:	11/27/2013	Date of Injury:	08/23/2010
Decision Date:	01/08/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

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 Physical Medicine and Rehabilitation and Pediatric Rehabilitation Medicine, and is licensed to practice in Ohio and Texas. 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.

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 patient is a 42-year-old male who reported an injury on 08/23/2010. The patient's symptoms include low back pain with radiating pain and numbness into the right leg. Objective findings include tenderness to palpation of the right paraspinal muscles and bilateral facet joints, a right paraspinal muscle spasm was felt, decreased lumbar range of motion, decreased motor strength, diminished sensation to light touch, and pain in the right L5 dermatome, and decreased deep tendon reflexes. The patient's diagnosis was noted as low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral for Urologist Consult to evaluate ED issues dated 06/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 23-33, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 163.

Decision rationale: The patient has a diagnosis of low back pain. A request was made for a Urology consult to evaluate erectile dysfunction. The ACOEM guidelines indicate that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or examinee's fitness for return to work. The guidelines also state a consult is usually requested to act an advisory

capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. The medical records provided did not include any documentation regarding the employee's symptoms of erectile dysfunction or a need for the urology consult. With the absence of documentation regarding the indication for urology consult, the requested service is not supported by guidelines. Therefore, the requested consult is non-certified. The request for decision for referral for Urologist Consult to evaluate ED issues dated 06/27/13 is not medically necessary and appropriate.