

Case Number:	CM13-0013053		
Date Assigned:	09/19/2013	Date of Injury:	03/01/2001
Decision Date:	08/01/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 expert 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 injured worker is a 54-year-old female who was reportedly injured on 3/1/2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 7/17/2013, indicated that there were ongoing complaints of low back pain radiating into both lower extremities and neck pain radiating into both upper extremities. The physical examination demonstrated muscle strength 4/5 in all lower extremity muscle groups. Light touch was diminished in the L5-S1 dermatomal distribution bilaterally. Deep tendon reflexes were diffusely absent. Gait was antalgic. Diagnostic imaging studies included x-rays from 5/2/2013 that showed no evidence of abnormal movement and no evidence of instrumentation migration. Previous treatment included medications to include aquatic therapy, Soma and Vicodin. A request was made for urological consultation and was not certified in the pre-authorization process on 7/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation provided, it was noted in the interval history patient's bowel and bladder habits are markedly abnormal. Also in review of systems, it was noted the injured worker has difficulty urinating but no urinary frequency. The request was made for referral for urological evaluation. The only symptom identified was urinary difficulty, which does not list specific symptoms, length of time/duration, as well as severity. With limited subjective and objective clinical findings in the records provided, this request is deemed not medically necessary.