

Case Number:	CM13-0019586		
Date Assigned:	10/11/2013	Date of Injury:	07/10/2001
Decision Date:	01/15/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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. 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 patient is a 36-year-old female who reported an injury on 07/10/2001 due to a fall. The patient underwent a multilevel fusion of the L4-5 and L5-S1 that did not provide adequate relief. The patient received postoperative care to include medications. The patient received follow up care with a psychiatrist. The patient's pain was managed with medications and weight loss. The patient presented to the emergency department due to an inability to urinate an excess of 14 hours. The patient was treated with a Foley catheter and IV medications. The patient's most recent clinical exam findings indicated that the patient had significant pain, a positive straight leg raising test bilaterally, and tenderness to palpation over the sacroiliac joints bilaterally. The patient's diagnoses included degenerative disc disease of the lumbar spine, osteoarthritis of the lower extremity, postlaminectomy syndrome of the lumbar spine, physiogenic pain, anxiety, and depressive disorder. The patient's treatment plan included continued medication usage and an urologist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

An urologist consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 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) 6, page 163.

Decision rationale: The requested urologist consult is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has a low back injury that has failed to respond to surgical intervention and conservative treatments. It is noted within in the documentation that the patient recently began to experience urinary retention that required emergent care. American College of Occupational and Environmental Medicine state that consultation of a specialist may be acquired when a patient's diagnosis is complicated by psychosocial issues and would benefit from additional expertise. As the patient has had progressive urinary incontinent symptoms, a specialty consultation with an urologist would be indicated. As such, the requested urologist consult is medically necessary and appropriate.