

Case Number:	CM13-0023582		
Date Assigned:	11/15/2013	Date of Injury:	04/02/2013
Decision Date:	02/07/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/12/2013

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 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 51-year-old male who reported an injury on 04/02/2013, with cumulative trauma injuries dating from 08/27/2007 through 12/09/2012. The patient was most recently seen on 08/19/2013 for complaints of chronic pain in the cervical and lumbar spine and the left shoulder. The patient stated that his pain radiates to the lower extremities bilaterally, more on the right, with his pain level at 6/10 on the VAS scale. On the physical examination, the patient was visibly uncomfortable, and spasm and tenderness were observed over the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. There was also decreased sensation with pain noted in the C6-7 left and L5-S1 right dermatomal distributions with pain. There was also discomfort noted on elevation of the left upper extremity against the gravity at approximately 95 degrees, with impingement test positive. The physician is now requesting a Urology consult in order to assess industrial connectivity in relation to the patient's sexual dysfunction and his difficulty with sexual activities due to his lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: Regarding the request for a Urology consult, California MTUS/ACOEM states that referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The goal of such an evaluation is in fact functional recovery. In the case of this patient, the patient began demonstrating signs and symptoms of urological issues to include sexual dysfunction post low back injury. However, objective findings in support of urinary tract problems that would necessitate the evaluation by a urologist were not provided. As such, the requested service is non-certified.