

Case Number:	CM13-0028495		
Date Assigned:	03/19/2014	Date of Injury:	05/25/2002
Decision Date:	05/16/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 25, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of August 22, 2013, the claims administrator denied a request for a urology consultation, citing a lack of supporting information. The applicant's attorney subsequently appealed. In a handwritten note dated November 10, 2013, the applicant's Primary Treating Provider (PTP), a chiropractor, states that authorization for testing and consultation has been sought to either prove or disprove the applicant's allegations. The note employs preprinted checkboxes. It does state that the applicant is alleging loss of both bowel and bladder control and has reportedly never seen an urologist. In a July 16, 2013 psychological evaluation, the applicant is described as depressed with a Global Assessment of Functioning (GAF) of 58. Multiple progress notes interspersed throughout 2002, including August 14, 2002 and September 18, 2012 were notable for comments that the applicant was off of work, on total temporary disability, owing to ongoing issues with neck pain and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) , CHAPTER 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead a primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary. In this case, the applicant's primary treating provider (PTP) is a chiropractor who has documented issues with bladder incontinence and stated that the applicant has not seen an urologist since these symptoms of bladder incontinence arose. Thus, the documentation on file, while sparse, does establish the presence of ongoing urologic issues with bladder incontinence which should, as noted by both page 1 of the MTUS Chronic Pain Medical Treatment Guidelines and page 80 of the MTUS-adopted ACOEM Practice Guidelines, lead the attending provider to refer the applicant to a specialist who will provide expert medical recommendations. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.