

Case Number:	CM13-0038915		
Date Assigned:	12/18/2013	Date of Injury:	06/22/2011
Decision Date:	02/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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:

This is a 61yo male patient with a history of hematuria, sexual dysfunction and renal calculi. He worked as a furniture mover. He had complaints of back pain, as well as suprapubic and abdominal pain. He had vascular/Doppler imaging for assess erectile dysfunction. Patient had previously undergone 4-5 laminectomy in January 31 2013. Patient saw [REDACTED] on May 1 2013 for back pain. He was diagnosed with ED, erectile dysfunction. He was advised to get off Norco and to have follow up at Brookwood clinic. He was note by [REDACTED] on March 21 2013 to also have ED; it was recommended for him to have urology follow up. Patient saw [REDACTED] on July 1 and August 12 2013 for right shoulder pain and low back pain. He was given anaprol 550mg bid, Prilosec 20mg daily. This caused him to have insomnia and other issues. He had undergone an arthrogram injection. Patient saw, on July 5 2013, an urologist [REDACTED] for a 'sustained work injury in June 2011'. Following this he had suffered lower urinary tract symptoms, hematuria, and sexual dysfunction. He had previously been given Viagra, Urocit K 20meq bid for prevention of kidney stones. At this time, he was given an order for an 'impotency Doppler' to evaluate for blood flow and pressure in the genitals in relation to his branchial blood flow and pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Impotency Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medscape.com/viewarticle/550323_3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 110,111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/1631499>

Decision rationale: As per MTUS guidelines, the role of comorbid conditions such as diabetes, HTN and PVD can be seen in ED. The patient had been on Norco which contains hydrocodone, an opiate. Opiates can lead to androgen deficiency which can, in turn, lead to ED. Prior to Doppler imaging; further work up should be ventured upon to rule more common medical diagnoses, such as the ones listed. Alternatively, a trauma component could lead to this investigation; however the nature of the patient's back injury did not correlate with his ED from the documentation provided. Therefore, this diagnostic testing is not medically warranted.