MAXIMUS Federal Services

Case Number:	CM13-0057486		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2011
Decision Date:	06/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology has a subspecialty in Pain Management 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 has filed a claim for lumbar and cervical radiculopathy associated with an industrial injury date of February 25, 2011. Utilization review from November 19, 2013 denied the request for Urologist consultation due to insufficient information concerning the need for a urologist consultation given that the patient has specifically stated that the sexual dysfunction is attributed to the low back pain. Treatment date has included acupuncture, physical therapy, back surgery, and oral pain and antidepressant medications. Medical records from 2013 were reviewed showing the patient complaining of neck and low back pain weighted bilateral lower extremity and right upper extremity numbness and tingling. The patient is status post lumbar diskectomy at L3-L4, L4-L5, and L5-S1. The patient notes that medications are helpful and allow him to function. The patient has decreased mobility and level of activity. The patient notes that the low back pain has made it difficult for him to position during sex. The patient also takes Viagra but is refractory to this. The patient has notable psychiatric comorbidities; depressive disorder and anxiety disorder are present.On examination, there was tenderness over the cervical and lumbar paraspinal musculature. Range of motion was decreased for both the cervical and lumbar spines. There was decreased sensation on the left L4-L5 and L5-S1 dermatomes. There was decreased motor strength for left lower extremity. The patient has difficulty with heel and toe walking and rising from a squatted position.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Chapter 7, page 92, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient reported that his sexual difficulties were attributed to the low back pain. There are also noted psychiatric comorbidities such as depressive disorder and anxiety disorder. There has been no discussion concerning the need for a urologist consultation given the musculoskeletal and psychiatric factors that may also play a part in the patient's reported sexual dysfunction. There is no evidence that diagnostic and therapeutic management were exhausted within the requesting provider's scope of practice. Therefore, the request for urologist consultation is not medically necessary and appropriate.