

<b>Case Number:</b>	CM13-0067164		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 injured worker is a 63-year-old male who reported an injury on 07/27/2007. The injured worker has a history of prostate cancer with problems with erection and urinary incontinence. On the office visit report dated 09/30/2013, the injured worker was noted to have trouble with erections, which began suddenly, but had stabilized over the previous year. The injured worker tried Viagra and Levitra which did not work; neither did Cialis. The injured worker had reportedly undergone a urodynamic study, urethral pressure profile study, complex cystometrogram, avoiding pressure study, intra-abdominal voiding pressure measurements, electromyography, complex uroflowmetry, and voiding cystourethrography. He had also been given the antibiotic prophylactically, Macrobid 100 mg PC x1. The physician is now requesting for the injured worker to undergo a trial of pelvic physical therapy and has a retro request for Macrobid 100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIAL OF PELVIC PHYSICAL THERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The physician has failed to indicate how many sessions of pelvic physical therapy he wishes the injured worker to complete. The documentation indicates the injured worker has previously undergone physical therapy for his pelvic condition with a total of 12 sessions. Under California MTUS Guidelines, patients are supported for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. However, without having an indication the injured worker is necessitating further physical therapy for his pelvis, additional therapy cannot be supported at this time.

**RETRO MACROBID 100MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TREATMENT INDEX, 9TH EDITION (WEB).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/MACROBID.HTML](http://www.drugs.com/macrobid.html).

**Decision rationale:** According to the online website, Drugs.com, this medication is indicated for the use for treating urinary tract infections. The current request does not specify the date the medication was given. However, a previous determination letter stated that the medication had been given on 03/22/2013. The records do not indicate a need for the treatment of urosepsis as the injured worker was not diagnosed with having a urinary tract infection. Therefore, without having a thorough rationale for utilizing this medication, the requested service cannot be supported.