

<b>Case Number:</b>	CM14-0106018		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Interventional Spine 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 patient is a 49 year old with an injury date on 7/9/02. Patient complains of persistent pain/discomfort in the low back and bilateral legs per 10/16/13 report. Patient had a recent flare-up in pain according to 10/16/13 report. Patient is not improving and cannot stand due to severe pain per 5/1/13 report. Based on the 10/16/13 progress report provided by [REDACTED] Lin the diagnoses are: 1. lumbosacral disc injury 2. lumbosacral discectomy with laminectomy 3. lumbosacral s/s 4. lumbosacral radiculopathy 5. flare up of lower back pain Exam on 10/16/13 showed decreased lumbosacral range of motion. Motor strength is 5/5 in the lower extremities. Patient has a positive straight leg raise test of the legs. Provider is requesting urology consultation qty: 1. The utilization review determination being challenged is dated 7/8/14. Requesting physician provided treatment reports from 5/1/13 to 10/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urology Consultation quantity (qty) one:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition 2004 Chapter 7 Medical Examinations and Consultation, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** This patient presents with lower back pain and leg pain and is status post (s/p) right hemilaminectomy and discectomy at L4-5 from 2002. The treater has asked for urology consultation qty: 10 but the date of the request is not known. The utilization review letter dated 7/8/14 cites continued bowel leakage that was improving but occurred occasionally in the mornings in 6/25/14 progress report. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a 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 requested urology consultation does not seem medically necessary as review of the included reports do not show any symptoms of urinary impairment. The request is not medically necessary.