

Case Number:	CM14-0106122		
Date Assigned:	07/30/2014	Date of Injury:	11/17/2011
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	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 Internal 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 injured worker is a 54 year old male who sustained an injury to his neck on November 17, 2011 after getting food poisoning. The injured worker continued to ride to an interstate job site and began to feel sicker. When the vehicle stopped, the injured worker stepped out of the car to vomit. The injured worker stepped out of the car and subsequently fell down a hill and broke his neck. The injured worker underwent MRI and was told that he had central core cord syndrome. The injured worker was given steroids; surgery was scheduled and performed for the neck on the following day. While hospitalized, after de-catheterization, he began to notice a decreased sensation to urinate. The injured worker completed physical therapy which provided some benefit. The current request is for a follow-up office visit with an urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with Urologist x 1 visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The request for follow up visit with urologist times one is not medically necessary. The previous request was partially certified for one visit. Additional certification will depend on the result of the evaluation and recommendation of the provider. There was no additional information provided for review that would indicate the patient has performed this office visit and there was no information available that would indicate the outcome and/or the provider's recommendation. After reviewing the clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request to follow- up with a urologist is not indicated as medically necessary.