

<b>Case Number:</b>	CM14-0012396		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 patient is a 59-year-old female who has submitted a claim for L4-L5 degenerative disc disease, L3-S1 facet arthropathy, L4-L5 lateral recess stenosis, right leg radiculopathy, recurrent rotator cuff tear of the left shoulder, torn long head biceps tendon of the left shoulder, acromioclavicular joint osteoarthritis of the left shoulder, and depression; associated with an industrial injury date of 03/10/2010. Medical records from 2012 to 2014 were reviewed and showed that patient complained of urinary incontinence, and has had several episodes of frank incontinence. This has been especially upsetting and embarrassing. She also complains of increasing numbness in her left foot. Physical examination showed tenderness of the paravertebral muscles bilaterally. Range of motion was limited. Deep tendon reflexes were +1 and absent in the bilateral knees and ankles, bilaterally. Motor strength was normal, and sensation was decreased over the right L5 and S1 dermatome distributions. Treatment to date has included medications, acupuncture, physical therapy, epidural steroid injections, and right L4-L5 laminotomy. Utilization review, dated 01/21/2014, denied the request for urologic consultation because previous evaluation gave a recommendation of anti-incontinence surgery, and there was no indication that patient's urologic status has worsened or that she has decided to pursue surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UROLOGICAL SURGICAL CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

**Decision rationale:** ACOEM Guidelines state that consultations are recommended, and a 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 patient complains of persistent intermittent incontinence approximately 2-3 times daily. The patient has had a previous urologist consultation on 12/10/2013, and a recommendation for anti-incontinence surgery performed by another urologist was made since the present urologist does not perform the planned surgery. The present request is for a second opinion with another urologist, as the patient's current problem is out of the area of expertise of the treating physician. As such, the request is medically necessary.