

Case Number:	CM14-0113245		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2007
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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 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:

This is a male claimant with a date of injury of May 10, 2007. A utilization review (UR) determination dated June 24, 2014 recommends non-certification of a urological consultation. A progress note dated June 5, 2014 identifies subjective complaints including severe back pain with significant muscle spasms and with radiation into the right hip and right knee. The patient has fallen down a few times and is getting nervous because of significant exacerbation. He is requesting trigger point injections since they consistently provide a week of relief. He is also complaining of right knee pain that is aggravated with any type of weight-bearing. His right knee pain often exacerbates his low back pain, and he reports a weight gain of at least 38 pounds due to his debilitating pain. The patient has been feeling depressed. He is currently on Prozac 40mg, which he feels has been beneficial, but he would also like to receive treatments from a psychologist. The patient gets anxious and requires Valium on an intermittent basis, and he reports that he has difficulty sleeping throughout the night. The patient has been complaining of sexual dysfunction for years which has been getting worse, and he requires Cialis which has been repeatedly denied. The patient has greatly lost sexual desire. He is frustrated over the fact that physical therapy has been repeatedly requested and denied. The patient was evaluated by a urological AME (agreed medical evaluator) on November 6, 2013, who noted that the patient's erectile dysfunction is at least in part industrial. The AME reported that the patient is permanent and stationary with respect to his urologic problems and that the patient will need further treatment to help with his sexual erectile dysfunction, such as Levitra, Viagra, or Cialis. There is mention that the medications the patient currently takes can affect his ability to maintain and sustain an erection. These medications include Prozac, Norco, Klonopin, and other psychotropic and opiate medications, which are given to him on an industrial basis. With regards to impairment rating, the patient was given a 10% disability when describing his sexual erectile

dysfunction, 80% was apportioned to be nonindustrial, and 20% is due to injury in 2007. Physical examination identifies tenderness to palpation along the posterior cervical musculature bilaterally, with trigger points that are palpable and tender throughout the cervical paraspinal muscles, upper medial scapular muscles, and trapezius muscles. The patient has a decreased range of motion but is able to forward flex, bringing his chin 2 finger breadths from the sternum, and extension was limited to 20. The patient has sensory deficits noted along the posterior lateral arms and lateral forearms bilaterally. Examination of the right elbow revealed tenderness and swelling over the olecranon bursa. Examination of bilateral shoulders revealed tenderness over the acromion process bilaterally, supraspinatus test positive bilaterally, decreased range of motion with both internal and external rotation of both shoulders, and clicking and grinding of the left shoulder. Examination of the lumbar spine revealed tenderness along the posterior lumbar musculature bilaterally, with increased muscle rigidity, positive straight leg raise in the modified sitting position at about 45, muscle atrophy along the left anterior thigh, and sensory examination decreased on the right lateral calf and on the left in the medial calf. Examination of the right knee revealed swelling, tenderness, and pain with crepitus. The diagnoses include lumbar degenerative disc disease, severe foraminal stenosis at L5 - S1 resulting in bilateral radiculopathy right greater than left, cervical spine sprain/strain syndrome with radiculopathy and cervicogenic headaches, bilateral upper extremity radiculopathy resulting in weakness, thoracic spine mild sprain/strain syndrome, reactionary depression/anxiety/sleep disorder, erectile and sexual dysfunction, left shoulder arthroscopy on May 2009, status post left hip total replacement on September 22, 2010, right elbow acute inflammatory process, right knee internal derangement, and medication-induced gastritis/GERD. The treatment plan recommends refill of the following medications: Norco 10/325 #240, Anaprox DS 550 mg #60, Prilosec 20 mg #60, and Prozac 20 mg #120. The plan also includes a urologic consultation for the patient's worsening sexual/erectile dysfunction and urinary frequency/urgency, which are a direct result of medications and lumbar spine disability. He will start physiotherapy to the cervical and lumbar spine and the right knee, 2 x a week for 6 weeks. Under consideration is a trial of a spinal cord stimulator for the patient's ongoing low back pain with bilateral lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urological Consultation: Upheld

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: Regarding the request for a urological consultation, the California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has on-going, subjective complaints of sexual/erectile dysfunction, and he had a urological AME on November 6, 2014. It is unclear why an additional consultation/evaluation is necessary. In light of the above issues, the currently requested urological consultation is not

medically necessary.