

Case Number:	CM14-0125886		
Date Assigned:	08/13/2014	Date of Injury:	04/24/1999
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family 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 male with undocumented age who has submitted a claim for cervical discogenic disease, failed lumbar spine fusion syndrome, associated with an industrial injury date of April 24, 1999. Medical records from 2014 were reviewed. The latest progress report, dated 07/15/2014, showed neck and low back pain. Physical examination revealed a slow and cautious gait. The cervical midline was slight to moderately tender. There was spasm on the posterior cervical. There was restriction of cervical range of motion. Tenderness was noted on the lumbar midline. There was spasm of the lumbar muscles. There was restriction in lumbar range of motion. Straight leg raising test was positive in sitting and supine. There was no sensory deficit or muscle weakness. Xray of the cervical spine showed C5-C6 disc space narrowing. Xray of the lumbar spine showed laminectomy defects at L4-S1. Treatment to date has included lumbar laminectomy and medications. Utilization review from 07/14/2014 denied the request for referral back to urologist because it was not clear whether the claimant's urologic problems were related to his spine surgery previously or whether they were incidental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral back to the urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Website

(<https://www.acoempracguides.org/> Low Back; Summary of Recommendations, Low Back Disorders

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 Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there was no documented rationale for the request. Patient had no new complaints or objective findings that may warrant referral to urologist. The medical necessity cannot be established due to insufficient information. Therefore, the request for referral back to urologist is not medically necessary.