

Case Number:	CM14-0153522		
Date Assigned:	09/29/2014	Date of Injury:	09/07/2011
Decision Date:	12/11/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/19/2014

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 Maryland. 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 employee was a 45 year old male who sustained an industrial injury on 09/07/11 when the forklift that he was driving was hit by another forklift on the left side. His medications included Nucynta, Flexeril and Duexis. Surgical history included 2 lumbar laminectomies. MRI of the left shoulder in 12/23/12 showed a partial supraspinatus tear, Os acromiale, probable anterior labral tear. Prior treatment included physical therapy. The clinical note from 08/07/14 was reviewed. His subjective complaints included chronic low back pain and leg pain. The pain was 5/10, worsened with activity and associated with left leg and scrotal numbness and left leg weakness. Objective findings included moderate tenderness over the lumbar paraspinal muscles, moderate pain with range of motion, mild decreased sensation to light touch in the left inguinal area. Diagnoses included mechanical low back pain, opioid dependence and chronic residual low back pain status post laminectomy. The plan of care included Nucynta, Flexeril, Duexis, ice/heat therapy, physical therapy, home exercise regimen, skeletal and neuro imaging studies including MRI lumbar spine. The request was for evaluation of urinary incontinence. The clinical note from 07/24/14 was also reviewed. He had lumbar surgery in May 2013 and June 2013. He described bouts of bowel and bladder incontinence since his surgery. He denied saddle anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinary incontinence evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.uptodate.com, Urinary incontinence in men, Referral

Decision rationale: The employee was a 45 year old male who sustained an industrial injury on 09/07/11 when the forklift that he was driving was hit by another forklift on the left side. His medications included Nucynta, Flexeril and Duexis. Surgical history included 2 lumbar laminectomies. MRI of the left shoulder in 12/23/12 showed a partial supraspinatus tear, Os acromiale, probable anterior labral tear. Prior treatment included physical therapy. The clinical note from 08/07/14 was reviewed. His subjective complaints included chronic low back pain and leg pain. The pain was 5/10, worsened with activity and associated with left leg and scrotal numbness and left leg weakness. Objective findings included moderate tenderness over the lumbar paraspinal muscles, moderate pain with range of motion, mild decreased sensation to light touch in the left inguinal area. Diagnoses included mechanical low back pain, opioid dependence and chronic residual low back pain status post laminectomy. The plan of care included Nucynta, Flexeril, Duexis, ice/heat therapy, physical therapy, home exercise regimen, skeletal and neuro imaging studies including MRI lumbar spine. The request was for evaluation of urinary incontinence. The clinical note from 07/24/14 was also reviewed. He had lumbar surgery in May 2013 and June 2013. He described bouts of bowel and bladder incontinence since his surgery. He denied saddle anesthesia. According to the article above, men with complicated urinary incontinence should be referred to a urologist. The employee had prior lumbar laminectomies and had symptoms after that. He also had some sensory changes on examination. The etiology of the incontinence was unclear. Hence a referral for urinary incontinence evaluation with a Urologist is medically necessary and appropriate.