

Case Number:	CM14-0158117		
Date Assigned:	10/01/2014	Date of Injury:	03/22/2006
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/26/2014

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 New York. 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 53-year-old male with a date of injury of 03/22/2006. He was carrying a heavy piece of wood on his shoulder up a ladder and he heard a pop in his back. He sustained a back injury. He has been treated with physical therapy, medication, chiropractic care and with lumbar surgery (L4-L5, L5-S1 laminectomy/fusion, instrumentation). He had lumbar surgery in 09/2008 and 06/2009. On 12/02/2009, he had post-operative lumbar changes. On 03/19/2013, his back pain was 4/10 and he was treated with Synaprine, Tabradol, Fanatrex and Ketoprofen cream. On 04/01/2014, he had 4-5/10 back pain with positive straight leg raising. On 04/10/2014, he had chronic back pain 5/10. On 04/25/2014, there was no mention of urological symptoms. He was taking medication for diabetes and hyperlipidemia. On 05/02/2014 and on 06/24/2014 he denied any kidney disease. According to a previous review, on 07/22/2014 he had 4-5/10 lumbar pain, positive straight leg raising and there was a request for a referral to an urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Referral to Urologist: 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 Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition, 2011

Decision rationale: MTUS and ODG guidelines are silent about urology referrals. The patient has denied kidney disease. There is no documentation of hematuria, urinary tract infection, urinary obstruction, dysuria, urinary incontinence, flank pain or any other urinary symptom for which an urologist would manage this patient. There is insufficient documentation to substantiate the medical necessity of A Urology Consultation.