

Case Number:	CM14-0169358		
Date Assigned:	10/17/2014	Date of Injury:	02/11/2003
Decision Date:	12/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Nephrology 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 42-year-old female with a 2/11/2003 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/23/14 noted subjective complaints of right knee pain and low back pain. Objective findings included 5/5 strength of the lower extremities, and decreased sensation to light touch in the right L4 and L5 dermatomes. A 6/3/14 progress report notes decreased libido and requests urological evaluation for sexual dysfunction. Diagnostic Impression is lumbago and lumbosacral neuritis. Treatment to date is medication management and acupuncture. A UR decision dated 9/15/14 denied the request for urological evaluation. Documentation includes a request for consultation for sexual dysfunction. However, there are no subjective complaints of sexual dysfunction or description of treatment rendered thus far for the reported condition. It also denied the request for physical therapy for the lumbar spine. There is no provided rationale in the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urological Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

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 6, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: CA MTUS states 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. The provider report requests urological consultation for sexual dysfunction. However, other than decreased libido, there are no other documented subjective complaints of sexual dysfunction. Additionally, there is no documentation of any attempted prior treatment. Given the documentation submitted, it is unclear how urological consultation would be of benefit. Therefore, the request for Urological Evaluation is not medically necessary.

Physical Therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. With a 2003 original date of injury, it is unclear how much physical therapy the patient has received. Additionally, there is no clear documentation of objective functional benefit derived from prior sessions of physical therapy. Furthermore, there are no significant findings on lumbar spine examination to substantiate the need for physical therapy. Finally, the number of sessions requested is not specified. Therefore, the request for Physical Therapy for the lumbar spine is not medically necessary.