

Case Number:	CM14-0170505		
Date Assigned:	10/20/2014	Date of Injury:	03/10/2010
Decision Date:	11/20/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 American Board Family Practice 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:

59 year old female claimant sustained a work injury on 3/10/10 involving the low back, shoulder and neck. She was diagnosed with lumbar facet arthropathy, degenerative disc disease, left shoulder rotator tear, closed head injury and neurogenic bladder. A progress note on 8/12/14 indicated the claimant had 4/10 pain. Exam findings were notable for decreased range of motion of the lumbar spine, decreased sensation of L4-L5 dermatomes and allodynia of bilateral feet. A subsequent request was made for urology follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with urologist.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Pain, Office Visits

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) Specialist Referral page 127 and on the Official Disability Guidelines (ODG) Office Visits

Decision rationale: According to the ODG guidelines, office visits are recommended as clinically necessary. According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there was no genitourinary exam indicating need for a urology consultation. Although there was a diagnosis of a neurogenic bladder, specific concerns or complications were not noted to indicate the need for an urologist. The request for a urology follow-up is not medically necessary.