MAXIMUS Federal Services

Case Number:	CM14-0021140		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2011
Decision Date:	07/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational 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 78-year-old who has submitted a claim for herniated nucleus pulposus at C7-T1 with moderate right neural foraminal narrowing, degenerative disc disease and loss of vertebral height at C3 and C4, and multiple HNP of the lumbar spine, status post microlumbar decompression left L5-S1 (April 19, 2011) and microlumbar decompression left L3-4, L4-5, and L5-S1 (November 10, 2011); associated with an industrial injury date of February 25, 2011.Medical records from May 7 to November 19, 2013 were reviewed and showed that patient complained of weight gain and erectile dysfunction. He also has back pain since the date of injury that makes it difficult for him to change position during sex. He has had previous treatment with Viagra. Physical examination showed tenderness to the cervical and lumbar paraspinal muscles. Range of motion is decreased. Spurling's test was positive on the right. Facet loading challenge was positive bilaterally at L4-L5 and L5-S1. Patient has difficulty with heel and toe walking, and rising from a squatted position due to weakness of the left lower extremity. Decreased sensation was noted over the left L4-L5 and L5-S1 areas. Treatment to date has included medications, physical therapy, Toradol injection, and surgery as stated above.Utilization review, dated December 19, 2013, denied the request for urology consultation because medical records do not establish how a consultation would provide any diagnostic relevance since the patient's sexual dysfunction appears to be solely because of pain, and medication for erectile dysfunction has been ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGIST CONSULTATION FOR SEXUAL DYSFUNCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultation Page(s): 127 AND 156.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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. In this case, patient complains of erectile dysfunction despite Viagra intake. Urologic consultation was requested for management of sexual dysfunction refractory to Viagra. Diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for urologist consultation for sexual dysfunction is medically necessary.