MAXIMUS Federal Services

Case Number:	CM14-0032681		
Date Assigned:	06/20/2014	Date of Injury:	04/15/1996
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 15, 1996.Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; and supplemental testosterone.In a Utilization Review Report dated February 17, 2014, the claims administrator apparently denied a request for a urology consultation, although acknowledging that the applicant had ongoing issues with benign prostatic hypertrophy (BPH), erectile dysfunction (ED), and/or urinary incontinence. The claims administrator apparently based this denial on causation grounds, stating that there is no evidence that the applicant sustained an injury to the lumbar spine which resulted in erectile dysfunction. The claims administrator stated that treatment of erectile dysfunction was not related to the industrial injury. The claims administrator cited a variety of non-MTUS Guidelines in its denial, including non-MTUS Chapter 7 Guidelines and the now-renumbered, outdated MTUS 9792.20e.In a progress note dated February 7, 2014, the applicant was described as off of work, on Social Security Disability. The applicant was no longer working as a truck driver, it was stated. The applicant had not worked since 1999, it was acknowledged. The applicant was having ongoing issues with erectile dysfunction despite injection of Trimix. The applicant was reportedly using Flomax, Trimix liquid, and Viagra for his erectile dysfunction issues. The applicant was asked to consult a urologist to obtain more definitive management of his erectile dysfunction issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant does have ongoing issues with erectile dysfunction which have seemingly proven recalcitrant to a variety of medications. Obtaining the added expertise of a urologist is indicated. Therefore, the request is medically necessary.