

Case Number:	CM14-0044514		
Date Assigned:	07/02/2014	Date of Injury:	09/03/2002
Decision Date:	08/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 injured worker is a 48-year-old male who reported an injury on 09/03/2002. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar disc displacement without myelopathy, lumbosacral neuritis, and major depression. His past treatments included physical therapy, aquatic therapy, use of a TENS unit, a gym membership, and cognitive behavioral therapy. His surgical history included an L4-S1 anterior/posterior decompression and fusion in 12/2008. On 04/08/2014, the patient presented with low back pain. His medications were listed to include Dulcolax, baclofen, Colace, "fortesca", gabapentin, OxyContin, sertraline, and buprenorphine. The treatment plan included a urological consultation. A rationale for the requested urology consult was not provided within the medical records. The request for authorization for a urology consultation was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Incontinence in Men, Guidelines on urinary Incontinence, Arnhem, The Netherlands: european Association of Urology (EAU) 2009, Mar. p 11-28.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

Decision rationale: According to the Official Disability Guidelines, the need for office visits is based on clinical presentation, patient symptoms and physical examination findings, and reasonable physician judgment. The most recent clinical note provided for review failed to provide a specific rationale for the requested urology consultation. In the absence of details regarding the injured worker's need for a urology consultation including symptoms and physical examination findings, the request is not supported. As such, the request is not medically necessary.