

Case Number:	CM14-0052118		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2007
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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, Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 37 year old female who reported an injury on 03/13/2007, caused by an unknown mechanism. On 03/31/2014, the injured worker complained of having chronic constipation and urinary symptoms. On 04/15/2014, it was documented the requesting physician saw the injured worker on 03/31/2014; and upon reviewing her medical records, it was reported the injured worker had continued stress urinary incontinence after the spinal surgery. Therefore, this was the basis for requesting a urology consult for the injured worker. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urology Consult between 3/31/2014 and 5/19/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Guideline Clearinghouse.

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

Decision rationale: Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicated that the injured worker complained of stress urinary incontinence after her spinal surgery. Based on this information, a consultation with a urologist is warranted. As such, the request for one (1) Urology Consult between 3/31/2014 and 5/19/2014 is medically necessary.