

Case Number:	CM14-0073296		
Date Assigned:	07/16/2014	Date of Injury:	08/22/2011
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 Colorado. 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 52 year old male with a date of injury on 8/22/2011 he was bending over and pulled a 25 pound block of cement in which he developed symptoms of low back pain. Subsequently, he was diagnosed with chronic pain syndrome, chronic low back pain, and multilevel degenerative disk disease. He also has a history of 2001 meniscus repair, hypercholesterolem, and asthma. He has treated with physical therapy, chiropractic, medications, and a lumbar epidural injection on 2/13 when he first had difficulty with sexual function. On 2/15/12, a magnetic resonance imaging scan revealed L5 spondylolysis with associated grade 1 spondylolisthesis of L5/S1, bulge of L5/S1 disc resulting in moderate to severe foraminal encroachment. On 2/21/13, an electromyogram was positive for mild chronic left S1 radiculopathy. On 9/9/13, a qualified medical evaluator exam noted a 272lb, 6'4" male, wide antalgic gait, reduced range of lumbar spine, decreased left leg sensation with a diagnosis of degenerative disc disease and lumbar radiculopathy. On 4/1/14, the injured worker had medical follow up for low back and left leg pain. Exam revealed decreased posterior left leg sensation, symmetrical reflexes, positive straight leg raise on right, limited lumbar spine mobilization. The injured worker is recommended for neurology consult for sexual dysfunction, epidural steroid injection, a trial of Celebrex and gabapentin. His current medications include Norco 325/10mg, gabapentin 300mg, fenofibrate oral 145mg, montelukast sodium oral 10mg, Advair 250/50mg, medrox topical .05/7%/20%, Levitra tab 20mg, tizanidine hydrochloride 4mg, and omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consult for Sexual Dysfunction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The information provided does not establish the medical necessity for the Urology consult. The medical records reflect that the sexual dysfunction has been present for quite some time. The physician reports sexual activity is limited due to back symptoms. The treating physician does not provide information regarding the onset, description of symptoms, medical work up, clinical examination or response to treatment. Thus, given the lack of information it is unclear that a consultation is medically necessary.