

<b>Case Number:</b>	CM14-0094292		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/29/1993
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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 fibromyalgia, neck pain, and back pain reportedly associated with an industrial injury of April 29, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; opioid medications; and earlier multilevel cervical fusion surgery. In a Utilization Review Report dated May 23, 2014, the claims administrator denied a request for consultation and treatment (aka referral) with an urologist. The claims administrator invoked non-MTUS ODG guidelines in its denial. One of the stated diagnoses at the top of the Utilization Review Report was kidney stone lithotripsy. The claims administrator did state that the applicant had issues with interstitial cystitis but nevertheless denied the request. The applicant's attorney subsequently appealed. In an April 14, 2014 progress note, the applicant reported persistent complaints of multifocal pain secondary to fibromyalgia. Vicodin, laboratory testing, ThermaCare heat wraps, Savella, Relafen, Topamax, Nexium, and physical therapy were endorsed. It was stated that the applicant should consult a urologist for interstitial cystitis. This issue was not seemingly elaborated upon further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treatment with urologist [REDACTED] for Cystitis:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in

Workers' Compensation (ODG-TWC), Pain Procedure Summary (last updated 04/10/2014), Evaluation & Management (E&M); Walsh: Campbell's Urology, 8th ed., Chapter 3-Evaluation of the Urologic patient: History, Physical Examination and Urinalysis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referrals may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP) is likely uncomfortable with addressing issues associated with interstitial cystitis. Obtaining the added expertise of a practitioner who is better-equipped to address this issue, such as a urologist, is therefore indicated. Accordingly, the request is medically necessary.