

<b>Case Number:</b>	CM14-0150013		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Urology

### 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 38 year old male, who sustained an industrial injury on 07-07-2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 08-11-2014 the injured worker has reported low back, right leg pain and sexual dysfunction. On examination of the antalgic gait on the right side, uses a cane for support and a decreased range of motion was noted of the lumbosacral spine. The diagnoses have included L4-L5 discogenic back pain with right lower extremity radiculopathy, right knee pain and sexual dysfunction. Treatment to date has included lumbosacral stabilization exercise, epidural injections and medication. The provider requested Evaluation by Urologist for sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation by Urologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. AUA guideline on the management of erectile dysfunction: diagnosis and treatment recommendations: <https://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> 2. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline: <http://www.ncbi.nlm.nih.gov/pubmed/20525905>.

**Decision rationale:** Injury to the L4-5 spine may result in erectile dysfunction. Chronic pain is considered a risk-factor for the presence of hypogonadism. Evaluation by a Urologist for sexual dysfunction is reasonable in this situation. The request is medically necessary.