

<b>Case Number:</b>	CM14-0181084		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 and is licensed to practice in Maryland. 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 employee is a 23 year old male who sustained an industrial injury on 06/14/13. He had cauda equina syndrome secondary to a lumbar disc herniation which was treated with lumbar discectomy and decompression in August 2013. His treatment included surgery and physical therapy. His visit note from June, 12, 2014 was reviewed. He had lower extremity pain, numbness, tingling, weakness, difficulty with bowel and bladder function and utilized a walker given his lower extremity weakness. He was doing physical therapy. The spine surgery note from 06/24/14 was reviewed. He was noted to have severe weakness of bilateral lower extremities and neurogenic bladder. His clinical note from 09/09/14 was reviewed. He continued to have neurogenic bladder symptoms. He had seen the Urologist only once. Objective findings included symmetric deep tendon reflexes, 4/5 right tibialis anterior, 0/5 right gastrosoleus, right peroneal, left tibialis anterior, left extensor hallucis longus, 4/5 left plantar flexors and 2/5 left peroneals. Diagnoses included status post microdiscectomy, neurogenic bladder and folliculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Evaluation and Treatment with Urologist Every Month: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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

**Decision rationale:** According to MTUS, Chronic pain medical treatment guidelines, a specialist evaluation should be considered if a complaint persists and the employee fails to progress with conservative measures. In this case, the employee had lumbar spine discectomy and decompression for cauda equina syndrome. But his urinary symptoms continued to be the same, warranting the added expertise from an Urologist. Even though a follow up with Urology seems appropriate, there is no documentation on why a monthly Urology follow up is being requested. The request for monthly urology follow ups is not medically necessary or appropriate.