MAXIMUS Federal Services

Case Number:	CM14-0201950		
Date Assigned:	12/12/2014	Date of Injury:	09/17/2012
Decision Date:	01/31/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40 year old male with an injury date on 09/17/2012. Based on the 10/31/2014 progress report provided by the treating physician, the diagnoses are: 1. Causalgia lower limb2. Left foot crush injury 3. Complex regional pain. According to this report, the patient complains of low back, left foot, and erectile dysfunction. Pain is rated as a 6/10 with medication and an 8/10 without medication. The patient is "currently still wearing a left walking boot and is currently using one crutch to ambulate instead of the previous two." Physical exam reveals tenderness at the bilateral lumbar paraspinal muscles, left 1st to 5th metatarsal and at the midfoot. Lumbar range of motion is limited and painful. Motor strength of left ankle dorsi flexor's and ankle planter flexor's is a 3/5. Decreased sensation to light touch is noted over the left lateral foot. Hyperesthesia is present over the left lateral foot and medial foot.Treatment to date includes physical therapy, left foot and ankle surgery. The treatment plan is to continue with home exercise, consider aqua therapy after completion of PT, refill medications, request an Urologist evaluation for ED complaint and request a Psychologist evaluation. The patient is to return in 5 weeks for a follow up visits. There were no other significant findings noted on this report. The utilization review denied the request for a Consultation with an Urologist to address patient's Erectile Dysfunction (ED) on 11/18/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/17/2014 to 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a urologist to address erectile dysfunction (ED): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter: 7 page 127, Consultation.

Decision rationale: According to the 10/31/2014 report, this patient presents with pain in the low back, left foot, and erectile dysfunction. The current request is for Consultation with a urologist to address erectile dysfunction (ED) "that has been ongoing since patient first surgery." The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is need. The request is medically necessary.