

Case Number:	CM15-0001863		
Date Assigned:	01/12/2015	Date of Injury:	11/18/2013
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male was injured 11/18/13 in an industrial accident. He is currently experiencing lower back pain radiating to the buttock and right foot with numbness and weakness of the right leg and foot. He is taking Flexeril, ibuprofen and hydrocodone. The diagnosis is back pain. Diagnostics included MRI of the lumbar spine (2/13/14), chest radiograph (11/2/08), computed tomography of the chest. The 2/13/14 lumbar spine MRI documented evidence of an extruded fragment at L4/5 occupying the right lateral recess, with unknown effect on the right L5 nerve root and severe canal stenosis at L4/5 and L5/S1. The treating provider ordered a urologist consult. On 12/18/14 Utilization Review non-certified the request for Urologist Consult citing ACOEM OMPG: Chapter 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urologist Consult Body Part Lumbar Spine Lower Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The California ACOEM guidelines recommend referral for examination of the abdomen/pelvis for patients with low back complaints when positive findings on exam warrant further investigation. This patient presents with imaging evidence of an extruded fragment at L4/5 occupying the right lateral recess, with unknown effect on the right L5 nerve root and severe canal stenosis at L4/5 and L5/S1. The patient reported difficulty with erection. Guidelines generally support referral if a diagnosis is uncertain, or when the plan or course of care may benefit from additional expertise. Therefore, this request for urologist consult is medically necessary.