

Case Number:	CM15-0109109		
Date Assigned:	06/15/2015	Date of Injury:	08/19/2014
Decision Date:	12/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49-year-old male, who sustained an industrial injury on 8-19-2014. The injured worker was diagnosed as having superior glenoid labrum lesion. A history of lumbar spinal surgery in 1984 was noted. Treatment to date has included diagnostics, cervical spinal surgery, cognitive therapy, physical therapy, and medications. On 4-28-2015, the injured worker complains of numbness and tingling in his third, fourth, and fifth digits episodically, and cracking in his neck. A physical exam was not noted on 4-28-2015 by neurosurgery, other than notation that "he remains grossly unchanged." Bowel and-or bladder complaints were not documented on 4-28-2015. He is noted to have had a neurogenic bladder which resolved. There are no documented complaints of ongoing urinary or defecation problems. His work status was total temporary disability. An orthopaedic progress report (3-30-2015) noted that he was "neurological intact in regard to lumbar spine distributions." A neuropsychological evaluation did not finding any ongoing urinary/defecation complaints. On 5-12-2015, Utilization Review non-certified one (1) Anal-Urinary muscle study related to chronic pain as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Anal/Urinary muscle study related to chronic pain as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: MTUS Guidelines have general standards of evaluation to support a working diagnosis and justify diagnostic testing. These standards are not met with this request. There is no supporting rationale documented in the medical history to support the requested testing. There are no physical exam findings documented to support the requested testing. At this point in time, there is inadequate justification to meet the Guideline standards for the requested One (1) Anal/Urinary muscle study related to chronic pain as an outpatient. The study is not medically necessary.