

Case Number:	CM15-0184674		
Date Assigned:	09/25/2015	Date of Injury:	09/13/2013
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Washington, 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 48 year old male who sustained an industrial injury on 9-13-13. The injured worker is undergoing treatment for lumbar disc displacement without myelopathy and sciatica. Treatment has included 2-15-15 lumbar magnetic resonance imaging (MRI) indicating disc protrusion and stenosis, physical therapy and medication. Medical records dated 8-27-15 indicate the injured worker complained of continued neck, shoulder and back pain. He reported his physical therapy provided the most relief of the pain in his back and he had mild side effects of mental foginess since starting Prozac. He also indicated worsening difficulty urinating since his industrial injury, described as taking longer to urinate and a weaker stream. Physical exam showed that the patient was anxious, in pain and tearful; normal gait; normal upper and lower extremity muscle tone, range of motion (ROM) and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Decision on when to refer to a specialist is based on both the supposition that the cause of the abnormality requires specialty evaluation and the inability of the provider to manage the patient's disease process. It relates to the provider's training to deal with that disease process and the provider's comfort point with the medical situation. In this case, the provider has a patient with mild urologic symptomatology, which slowly developed over the last few years. There was no history of recent onset of red flag symptoms suggesting a new or worsening spinal cord etiology for the urologic symptoms, physical exam findings suggesting S1-S4 dysfunction, nor association of the urologic symptoms with initiation of new medications, any of which cause would suggest the symptoms are related to the industrial injury. The provider has not implemented a basic work-up for the symptoms nor basic conservative therapy to treat the supposed disorder. A referral to a urologist to diagnose the patient's disorder would be appropriate if complicated testing is required to make the diagnosis, if symptoms are worsening with appropriate initial therapy or if the provider is not trained to or does not feel comfortable doing the initial evaluation. The provider did not describe any of these reasons for requesting a urology consultation. The request is not medically necessary.