

Case Number:	CM15-0189682		
Date Assigned:	10/01/2015	Date of Injury:	04/15/1996
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, South Carolina

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

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 70 year old male, who sustained an industrial injury on 4-15-1996. The injured worker is undergoing treatment for low back pain, crush injury to pelvic region, Peyronie's disease with surgical intervention, persistent erectile dysfunction, and hearing loss. Medical records dated 8-18-2015 indicate the injured worker complains of back pain, erectile dysfunction, and hearing loss. Physical exam dated 8-18-2015 notes "the tympanic membranes are not visible. There is complete impaction of cerumen in the canals." There is decreased range of motion (ROM) of the back. Treatment to date has included lumbar laminectomy, lumbar and lumbosacral fusion, hearing aids, Cialis, and Trimix compound injectable. The original Utilization Review dated 8-26-2015 indicates the request for consultation with urologist and follow up with audiologist is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with urologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 independent medical examinations and consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, his treating physician records note a complicated long-term history of erectile dysfunction following a crush injury to the pelvis and concurrent penile injury. Based on the medical records available and cited guidelines, consultation with urologist is medically necessary and appropriate.

Follow up with audiologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 independent medical examinations and consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, recent treating physician notes through 9-17-2015 state he has had long-term hearing loss and has been evaluated by audiology. Although recent physical exam was normal for the external and middle ear, the injured worker has continued to have hearing difficulty. He is pending possible evaluation with ENT, but it is not unreasonable for consultation with audiology to reevaluate his hearing aids. Therefore, follow up with an audiologist is medically necessary and appropriate.