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| Case Number: | CM15-0192356 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 06/15/2009 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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 55 year old male, who sustained an industrial injury on 06-15-2009. He has reported injury to the right leg and low back. The diagnoses have included lumbar discogenic disease; post laminectomy syndrome; status post L3-S1 anterior spinal fusion/posterior spinal fusion; right L4 radiculopathy; systematic hardware; erectile dysfunction secondary to the low back injury; and right knee pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Robaxin, Neurontin, and Restoril. A progress report from the treating physician, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported low back pain and right leg pan; he continues to have severe low back pain; medications decrease pain and he can walk and be more functional; the Neurontin helps sciatic pain in the right leg; without medications, pain is severe and constant; and with medications, he is 40% better with reduction in pain and is more functional. Objective findings included spasm revealed on exam of the lumbar spine; positive straight leg raise on the right; a healed surgical incision is present; positive tenderness to palpation is noted over the hardware; right leg pain; and he has a spot in the right lateral calf with persistent lateral calf neuropathic pain. The treatment plan has included the request for referral to urologist. The original utilization review, dated 09-10-2015, non-certified the request for referral to urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Urologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2000/0101/p95.html>.

Decision rationale: MTUS Guidelines do not directly address this issue, but the Guidelines do support specialty evaluation when an issue is beyond the expertise of the treating physician. This issue of reported ED is beyond the general skill level of an orthopedic surgeon and may be due to several causes in this individual, i.e. nerve damage or chronic pain. A specific evaluation is recommended in the general medical literature and the request for a urological evaluation is consistent with Guidelines. The request for the referral to a urologist is medically necessary.