

<b>Case Number:</b>	CM15-0198509		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Internal 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 53 year old male, who sustained an industrial injury on 12-20-2011. The injured worker is undergoing treatment for lumbago, lumbosacral neuritis and chronic pain. Medical records dated 7-6-2015 and 8-31-2015 indicate the injured worker complains of back pain radiating to the right leg rated 5-6 out of 10 and sexual dysfunction. Physical exam dated 8-31-2015 notes lumbar decreased painful range of motion (ROM), tenderness to palpation and spasm. There is sacroiliac joint tenderness, positive straight leg raise, FABER's and Patrick's test on the right. Treatment to date has included medication and alteration of activity. The original utilization review dated 9-11-2015 indicates the request for urological evaluation is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urological evaluation with a doctor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Up to date topic 5262 and version 145.0.

**Decision rationale:** The AECOM states that potentially serious low back diseases include acute dislocations, infection, tumor, progressive neurological deficit, and the cauda equina syndrome. The cauda equina syndrome is caused by damage to the nerves exiting the inferior termination of the spinal cord and can be due to a direct blow or fall with axial loading. It can present with perineal and perineal sensory loss, recent bladder dysfunction such as urinary retention, increased urine frequency, overflow incontinence, or severe and progressive neurological deficit. Up to date states that the cauda equina syndrome is caused by an intraspinal lesion caudal to the conus that injures two or more of the nerve roots which constitute the cauda equina within the lumbar spinal canal. The clinical presentation is dominated by bilateral leg weakness in multiple nerve distributions, and can be associated with perineal sensory symptoms as well as bowel, bladder, and sexual dysfunction secondary to involvement of S2-4 nerve roots. Potential etiologies include neural tube defects, infectious or inflammatory conditions, or mass lesions such as tumors. It is a rare complication of lumbar spinal stenosis. The above patient gives no indication of an extensive nerve root lesion, which would not only cause sexual dysfunction but also probably bilateral lower extremity weakness and bowel and bladder dysfunction. Sexual dysfunction can be a rare manifestation of lumbar stenosis. There is no indication of such a condition in this patient. Therefore, the patient's sexual dysfunction is related to another condition and not to his worker's comp lumbar pathology. Therefore, the UR is justified in its decision. The request is not medically necessary.