

<b>Case Number:</b>	CM15-0021968		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old male, who sustained an industrial injury on 06/26/2014. The diagnoses have included lumbar spine sprain/strain, sciatica, and lumbar myelopathy. Noted treatments to date have included medications. Diagnostics to date have included lumbar spine MRI on 10/14/2014 showed lumbar spondylosis at L3-L4, L4-L5, and L5-S1 discs, 5mm posterior disc protrusion at L5-S1, 3.5mm posterior disc protrusion at L4-L5, and 2mm posterior osteophyte disc complex at L3-L4. In a progress note dated 12/30/2014, the injured worker presented with complaints of low back pain with radicular symptoms. The treating physician reported decreased range of motion to low back. Utilization Review determination on 01/21/2015 non-certified the request for Consultation with Urologist citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urologist consultation, quantity: 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines:Chapter 7, Independent Medical Evaluations and Consultations, Page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Pg. 127

**Decision rationale:** The patient presents with low back pain radiating down the right lower extremity. The current request is for urologist consultation, quantity 1. According to the UR dated 1/21/15 (A5) a PR-2 dated 12/23/14 noted that the "patient also reported problems with erections as a result of the new medication Tramadol." ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the UR physician could not read the hand written notes. The treating physician notes erectile dysfunction the physician would like consultation on. The current request is medically necessary and the recommendation is for authorization.