

Case Number:	CM15-0022889		
Date Assigned:	02/12/2015	Date of Injury:	05/12/2013
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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:

This 49-year-old female reported a work-related injury on 5/12/2013. According to the progress report from the treating provider dated 1/7/2015, the injured worker reports continual lower back pain with occasional pain in the thighs. The diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and probable disc herniation of the lumbar spine. Previous treatments include medications and acupuncture. The treating provider requests a consultation with a urologist for complaints of urinary incontinence. The Utilization Review on 1/15/2015 non-certified the request for a consultation with a urologist. ACOEM Practice Guidelines were cited as references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1, Part 1:Introduction Page(s): 1.

Decision rationale: The requested Consultation with a Urologist , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has lower back pain with occasional pain in the thighs. The treating physician has documented complaints of urinary incontinence. The treating physician has not documented details of symptoms, time frame of symptoms and exam findings regarding the noted urinary incontinence. The criteria noted above not having been met, Consultation with a Urologist is not medically necessary.