

<b>Case Number:</b>	CM15-0022921		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on March 13, 2014. He has reported low back, shoulder, knee, and abdominal pain. The diagnoses have included lumbar region sprain. Treatment to date has included medications, radiological imaging, laboratory evaluations, and physical therapy. Currently, the IW complains of continued back pain with radiation into the legs. He rates his pain as 10/10 on a pain scale. He reports having pain in his penis, and denies erectile dysfunction, pain with urination, or changes in urinary system function. The records indicate the pain in his penis increased whenever the low back pain increased. Physical findings are noted as swelling in both ankles, and an abnormal gait, and tenderness in the lower abdomen without evidence of hernia. On January 12, 2015 Utilization Review non-certified urology consultation. Non-MTUS guidelines were cited. On January 30, 2015, the injured worker submitted an application for IMR for review of urology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urology consultation:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for radiating back pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has penile pain of unclear etiology. Whether this is related to his work injury or may represent another medical condition is unknown and should be determined. Therefore, this request was medically necessary.