

Case Number:	CM15-0211698		
Date Assigned:	10/30/2015	Date of Injury:	05/21/2013
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, Texas

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 61 year old male who sustained an industrial injury on 5-21-13. A review of the medical records indicates he is undergoing treatment for erectile dysfunction, hypertension, acute cervical strain - rule out disc herniation, lumbar multilevel disc disease, rule out lower extremity radiculopathy, electrodiagnostic evidence of left active L5 radiculopathy, depression and anxiety, and multilevel disc disease of the cervical spine. Medical records (7-27-15) indicate that the injured worker underwent a penile doppler study that showed "poor arterial blood flow in the right cavernosal artery with elevated end-diastolic velocities in both the right and left cavernosal arteries with very low resistive indices on both the right and left with poor rigidity and abnormal tumescence". The treating provider indicates that approval has been made for a color flow penile duplex scan with penile injection of Caverject, as well as venipuncture and a serum testosterone draw to evaluate the etiology of his erectile dysfunction. The treating provider indicates that the penile doppler study shows "strong evidence for vascular etiology for erectile dysfunction". The injured worker was provided with Viagra samples. The treating provider indicates belief "there will be significant apportionment to nonindustrial causation due to the abnormal penile doppler study". The utilization review (10-14-15) includes a request for authorization of Uroflow (left and right groin). The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Uroflow (left/right) groin: Upheld

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 Uptodate.com. Treatment of urethral stricture disease in men.

Decision rationale: The MTUS is silent regarding the use of Uroflow or urodynamic studies. According to UptoDate.com, urodynamic studies are medically necessary when there are symptoms of lower urinary tract obstruction or urethral stricture. In this case the documentation doesn't support that the patient has had any problems with urinary obstruction or stricture. The patient is being treated for erectile dysfunction. Medical necessity for urodynamic studies with Uroflow is not made. Therefore, the requested treatment is not medically necessary.

Urinalysis (left/right) groin: Upheld

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 Uptodate.com. Urinalysis.

Decision rationale: The MTUS is silent regarding the use urinalysis for treatment of erectile dysfunction. According to UptoDate.com, urine studies are medically necessary when there are symptoms of urinary tract obstruction, infection or kidney disease. In this case the documentation doesn't support that the patient has had any urinary symptoms or kidney disease. The patient is being treated for erectile dysfunction. Medical necessity for a urinalysis is not made. Therefore, the requested treatment is not medically necessary.