

<b>Case Number:</b>	CM15-0034433		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Arizona

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 25-year-old male who reported an injury on 01/04/2014. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with lumbar spine disc rupture. On 11/11/2014, the injured worker presented for a follow-up evaluation with complaints of erectile dysfunction. The injured worker denied a loss of bladder control. Upon examination, there was intact sensation. A comprehensive musculoskeletal examination was not provided. Treatment recommendations at that time included continuation of the current medication regimen, chiropractic treatment twice per week for 6 weeks, a pain medicine referral, and a urology referral. A Request for Authorization form was then submitted on 11/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times a week for 6 weeks, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic exceeds guideline recommendations. As such, the request is not medically appropriate at this time.

**Urology consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there are no objective examination findings for which a urology consultation would be medically necessary. There is noted that the injured worker had erectile dysfunction; however, there was no further explanation provided. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.