

Case Number:	CM15-0056253		
Date Assigned:	04/01/2015	Date of Injury:	11/02/2011
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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
 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 59 year old male, who sustained an industrial injury on 11/2/11. He reported initial complaints to the cervical spine, lumbar spine, left leg, pelvis and right ankle. The injured worker was diagnosed as having L2 Burst fracture, cervical, thoracic, lumbar strain; pelvic fracture; right medial malleolus fracture; left distal tibia/fibula plafond fracture; left lower extremity neurologic deficit; left-sided sacroiliitis; L4-5 facet arthrosis; L4-5 S1 annular tear. Treatment to date has included being a status post open reduction internal fixation left tibia/fibular fracture and right medial malleolus fracture; L2 corpectomy with fusion from L1-L3; EMG/NCV bilateral lower extremities (8/20/14); physical therapy; urine drug screening for medical management; medications. Currently, the PR-2 notes dated 1/28/15, the injured worker complains of ongoing complaints with regards to his back. Objective findings documented on this examination indicate focally tender at the lumbosacral junction along the left ischium and sacroiliac joint. With tenderness along the left-sided lower ribcage. The treatment plan includes evaluation by pain management. The injured worker has seen a urologist in the past and the urologist recommended a follow-up which has not taken place. The PR-2 notes dated 2/25/15 document the injured worker has complaints of pain in the left testicle since his injury. The provider has requested a urology office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Office Visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis, Office visit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with pain in the lower back, left buttock and left hip, radiating to the left lower extremity and pain in the left testicle. The request is for UROLOGY OFFICE VISIT. Physical examination to the lumbar spine on 02/25/15 revealed tenderness to palpation to the lumbosacral junction along the left ischium and sacroiliac joint. Per 01/28/15 progress report, patient's diagnosis include cervical sprain/strains, thoracolumbar sprain/strain, prior L2 burst fracture status post L2 corpectomy, L1 through L3 fusion, possible adjacent level disease L3-L4, pelvic fracture with significant residuals, bilateral lower extremity fractures (right medial malleolar fracture, left distal tib-fib plafond type fracture), status post ORIF for right medial malleolar fracture status post ORIF of left tib-fib fracture, left lower extremity neurologic deficit unknown etiology(either related to the spine pathology, pelvic fracture dislocation, or due to local trauma to the left lower extremity), left sided sacroiliitis, and facet arthrosis at L4-L5 with annular tear L4-L5, L5-S1. Per 02/25/15 progress report, patient is to remain off-work until the next appointment. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 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. The treater does not discuss the request. In progress report dated 02/25/15, it is stated that the patient has ongoing pelvic pain and radiculopathic pain which may or may not be causing referred pain to the left testicle. The request is supported by the ACOEM guidelines for specialty referral. The request IS medically necessary.