

<b>Case Number:</b>	CM15-0057437		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, 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:

This 28 year old male sustained an industrial injury to the low back on 5/7/13. Previous treatment included magnetic resonance imaging, micro-decompression at L5-S1 (10/9/14), physical therapy, transcutaneous electrical nerve stimulator unit, back brace, home exercise, epidural steroid injections and medications. In a PR-2 dated 1/29/15, the injured worker complained of ongoing severe low back pain rated 6-10/10 on the visual analog scale with radiation to bilateral lower extremities associated with cramping and tingling as well as neck pain 4-5/10 with occasional burning sensation to bilateral shoulders and pain that radiated into bilateral trapezius regions. The injured worker reported experiencing sexual dysfunction with inability to maintain an erection since surgery. Physical exam was remarkable for a mildly antalgic gait and decreased sensation to the C5, L4 and L5 distributions. Current diagnoses included status post micro-lumbar decompression surgery, cervical spine herniated nucleus pulposus with stenosis, cervical spine radiculopathy, low back pain and lumbar spine radiculopathy. The treatment plan included a urology or internal medicine consultation, lumbar spine magnetic resonance imaging, pain management follow-up, infection panel and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine or urology consultation for sexual dysfunction:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288; 305-306; 201-202.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the requesting physician noted that the patient complains of the inability to sustain an erection since lumbar spine surgery and he is unsure whether or not this is attributed to the severe pain. As the evaluation of erectile dysfunction is outside of the scope of practice of the provider, a consultation appears to be appropriate. As such, the currently requested consultation is medically necessary.