

Case Number:	CM15-0057548		
Date Assigned:	04/02/2015	Date of Injury:	01/03/2015
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	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: North Carolina
Certification(s)/Specialty: Urology

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 40 year old male, who sustained an industrial injury on 1/3/15. He reported a back injury. The injured worker was diagnosed as having neck sprain/strain, thoracic sprain/strain and lumbar sprain/strain. Treatment to date has included oral medications including NSAIDS and muscle relaxant. Currently, the injured worker complains of midline aching neck pain and intermittent bilateral low back pain. Upon physical exam, tenderness is noted over cervical interspinous ligaments and tenderness to palpation of cervical paraspinals; tenderness to palpation of lumbar interspinous ligaments and lumbar paraspinal muscles is also noted. Tenderness is also noted of scrotum with darkening color secondary to resolved ecchymosis. The treatment plan included a request for urology consultation and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation up to six visits to be done at Kaiser: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127, 156 and Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UROTRAUMA:
<https://www.auanet.org/education/guidelines/urotrauma.cfm>.

Decision rationale: Patient complains of worsening left testicular pain on 3/26/15. Exam indicates scrotal ecchymosis. Initial injury occurred 1/3/15. Urological consultation is appropriate and indicated because of worsening symptoms.