

<b>Case Number:</b>	CM14-0116502		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44 year old male who sustained an industrial injury on 2/27/2009, the MOI is cumulative trauma due to stress. A supplemental AME psychiatric report dated 1/16/2014 reviewed past medical records from 1986 through 2009. The records do not alter the previously outlined diagnostic impression and conclusions set forth in the 1/27/2011 initial AME report and 11/18/2011 re-evaluation report. Cervical MRI 2/19/2014 reveals loss of the normal lordotic curvature and mild bilateral neural foraminal stenosis at C3-C4. The patient had an initial urology consultation on 2/19/2014. The patient returned for urology follow-up evaluation on 6/3/2014 for his ED, decreased libido, obstructive and irritative voiding symptoms. He did not bring his voiding diary. No significant changes per physical examination. Lab studies include 2/19/2014 serum studies; urinalysis and microscopic examination were normal. Post void bladder scan revealed no residual urine. Impression: ED non-organic; decreased libido; obstructive voiding symptoms; GI issues; orthopedic issues; depression; anxiety and BHP. Patient was asked to bring in a 24 hour voiding diary to evaluate urinary symptoms, advised not to urinate prior to next appointment so uroflow can be obtained. Provider cannot say if urological symptoms are work related. Follow-up in 12 weeks. According to the recent internal medicine PTP progress report dated 6/3/2014, the patient notes having 2-3 episodes of epigastric abdominal pain and worsening orthopedic complaints. He reports no change in blurred vision at night, psychiatric complaints, dental complaints, or urinary frequency. He notes improved acid reflux. He notes neck pain with headaches 3 times per week, rated 5/10. Low back pain radiating down the legs, worse right than left, to the foot. He reports rare episodes of chest pain at night with shortness of breath. Physical examination shows the patient is alert and oriented, pleasant and cooperative, vitals WNL, unremarkable examination of the eyes, chest, abdomen and extremities. There are

no significant findings. Eleven diagnoses are listed. This report is essentially unchanged from the prior PR-2s.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Office visit to a Urologist between 06/30/2014 and 08/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM - Occupational Medical Practice Guidelines. Second Edition (2004), Chapter 6, page 163- Consultation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 79..

**Decision rationale:** The CA MTUS/ACOEM guidelines state "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The CA MTUS/ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The patient recently had a urology follow-up on 6/3/2014 which does not reveal any changes in complaints or examination findings. Lab studies were also unremarkable. The more recent follow-up examination continues to reveal no abnormalities or functional limitations. The patient continues to report no change in urinary frequency and no abnormalities have been noted on physical examination. The medical records do not support a medical necessity for the requested Urologist visit.

#### **Office visit to a Dentist between 06/30/2014 and 08/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM - Occupational Medical Practice Guidelines. Second Edition (2004), Chapter 6, page 163- Consultation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 79..

**Decision rationale:** The CA MTUS/ACOEM guidelines state "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The CA MTUS/ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The more recent follow-up examination continues to reveal no abnormalities or functional limitations. The patient continues to report no change in dental complaints and no abnormalities

have been noted on examination. The medical records do not support a medical necessity for the requested Dentist visit.

**Office visit to an Orthopedist between 06/30/2014 and 08/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM - Occupational Medical Practice Guidelines. Second Edition (2004), Chapter 6, page 163- Consultation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 79..

**Decision rationale:** The CA MTUS/ACOEM guidelines state "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The CA MTUS/ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The more recent follow-up examination continues to reveal no abnormalities or functional limitations. The patient reports worsening orthopedic complaints; however no abnormalities have been noted on examination. The medical records do not support a medical necessity for the requested orthopedist visit.

**Office visit to a Psychologist between 06/30/2014 and 08/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM - Occupational Medical Practice Guidelines. Second Edition (2004), Chapter 6, page 163- Consultation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 79..

**Decision rationale:** The CA MTUS/ACOEM guidelines state "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The CA MTUS/ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The more recent follow-up examination continues to reveal no abnormalities or functional limitations. The patient continues to report no change in psychiatric complaints, and no abnormalities or limitations have been noted on examination. The medical records do not support a medical necessity for the requested psychologist visit.