

Case Number:	CM14-0130823		
Date Assigned:	08/20/2014	Date of Injury:	08/28/2012
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 injured worker is a 35 year old male who suffered an industrial accident August 28, 2012 with a fall and resultant back injury. He had an MRI in 2012 showing disk herniation. He was seen in July of 2014 by primary treating provider and had back pain with radiation of pain and paresthesia into the right testicular region, associated with bladder urgency and ongoing worsening in the form of medial thigh paresthesias. The patient also has pain and paraspinal tenderness in the lower lumbar spine area. The request in question is a urology consultation to "rule out other urological disorders".

IMR ISSUES, DECISIONS AND RATIONALES

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

Urologist - referral for treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Consultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

Decision rationale: The patient's symptoms and signs are suggestive of nerve compression at the S1 level and possibly adjacent roots, and in the context of lower back injury with noted herniation two years prior, quite suggestive of urgency on the basis of a neural mechanism.

There is no reported dysuria or suprapubic pain, no urinalysis has been obtained, there is no change in quality and amount of urinary outflow noted and the patient is a young male who should not be suffering from problems related to prostatic hyperplasia at this young age. If no neural cause is found, it will be appropriate to re-evaluate the patient, obtain a history and perform an examination that is appropriate for the urological system and consider urologist referral at that point. As such, the request for urological consultation is premature and the MRI recently authorized for evaluation of the patient is likely to yield the correct diagnosis.