

<b>Case Number:</b>	CM14-0145831		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old gentleman was reportedly injured on March 28, 2007. The most recent progress note, dated July 10, 2014, indicates that there were ongoing complaints of fatigue and decreased libido. There was stated to be a history of prostate cancer, erectile dysfunction, urinary incontinence, and hypogonadism. No physical examination was performed on this date. Diagnostic imaging studies are unknown. Previous treatment includes treatment with intra-corporal injection therapy, Testopel pellets, and testosterone injections. A request had been made for an office visit with urologist [REDACTED] and was not certified in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Visit with Urologist, [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain Procedure Summary

**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), *ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.*

**Decision rationale:** A review of the attached medical record indicates that the injured employee has a significant neurological history with a combination of prostate cancer, erectile dysfunction, urinary incontinence, and hypogonadism. Considering the multiple medication and treatment modalities employed for this individual, this request for an office visit with urologist [REDACTED] is medically necessary.