MAXIMUS Federal Services

Case Number:	CM14-0160621		
Date Assigned:	10/06/2014	Date of Injury:	06/14/2010
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Management is a licensed Acupuncturist 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:

MAXIMUS Case Number: The provider's request for chiropractic physiotherapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary at this time. The patient completed at least 24 chiropractic sessions. According to the progress report dated 9/27/2012, the provider stated that the patient had failed to improve with 24 chiropractic therapies. There was no documentation of functional improvement for prior chiropractic treatments; therefore, the additional chiropractic care is not medically necessary. 48y/o male injured worker with date of injury 6/14/10 with related neck, low back, and knee pain. He reported persistent severe knee pain on the left side, and that he was immobilized and his knee buckles. He had difficulty with ambulation. Per physical exam, spasm and guarding at the base of the cervical spine extending to the bilateral cervicobrachial region were noted. Spasm and guarding at the base of the lumbar spine was also noted. The injured worker is significantly obese with a BMI of 44.1. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consult for Urinary Incontinence: 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), Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page 127

Decision rationale: Per ACOEM guidelines: the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and /or treatment of an examinee or patient. The documentation submitted for review indicates that the injured worker has episodes of loss of bowel and bladder control. He is unable to control this partially of both bladder and bowel functions. These complaints began around. 3/2014 and have gotten progressively worse. Per progress report dated 9/15/14, the injured worker did note complaints of frequent urination, urinary hesitancy, loss of control of bladder and difficulty with maintaining and obtaining an erection. I respectfully disagree with the UR physician's assertion that there was no evidence of urinary incontinence, and that the only genitourinary complaint of urinary hesitance did not require urologic consultation as it could be evaluated by the PCP. Documentation submitted for review which was not available to the UR physician supports the request. The request is medically necessary.