

<b>Case Number:</b>	CM14-0164044		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 58-year-old male who was injured on May 31, 2011. The patient continued to experience pain in his right foot and left hip. Physical examination was notable for tenderness to right fibula. Diagnoses included sprain/strain knee and leg, sprain/strain of neck, hip tendonitis, sprain/strain lumbar region, and pain in ankle joint. Treatment included medications and surgery. Requests for authorization for urology consultation for sexual dysfunction, internal medicine consultation for hypertension, and neuropsychology for sleep disorder were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient consultation to Urology for sexual dysfunction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Treatment of male sexual dysfunction

**Decision rationale:** Therapy of men with sexual dysfunction is aimed at improving libido and addressing the two vital sexual functions: the capacity to acquire and sustain penile erections and

treating premature ejaculation (PE). Optimal treatment varies, depending upon the factor(s) that have reduced libido or caused erectile or ejaculatory dysfunction. For men with erectile dysfunction (ED), initial steps include identifying the underlying etiology, including drugs such as antidepressants or antihypertensive agents that may be causing or contributing to the ED and identifying and treating cardiovascular risk factors, such as smoking, obesity, hypertension, and dyslipidemia, as both lifestyle measures and pharmacotherapy for risk factor reduction may be effective for prevention and treatment of ED. For first-line medical therapy of ED, the phosphodiesterase-5 (PDE-5) inhibitors are recommended because of their efficacy, ease of use, and favorable side effect profile. In this case initial steps at identifying underlying etiology or first-line medications have not been tried. Urology consultation is not indicated for sexual dysfunction unless first-line therapies have failed. The request is not medically necessary.

**Consultation to internal medicine for hypertension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Overview of hypertension in adults

**Decision rationale:** Hypertension is defined as follows: Stage 1: systolic 140 to 159 mmHg or diastolic 90 to 99 mmHg Stage 2: systolic 160 mmHg or diastolic 100 mmHg Non-pharmacologic therapy includes, dietary salt restriction, weight loss, exercise, DASH diet, and limited alcohol intake. Initial pharmacologic monotherapy included thiazide diuretics, long-acting calcium channel blockers, angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs). In this case the diagnosis of hypertension is not supported by the documentation in the medical record. There are no blood pressures documented. Medical necessity has not been established. The request is not medically necessary.

**Consultation to neuropsychology for sleeping disorder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment

**Decision rationale:** Treatment of insomnia should be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case the degree of sleep disturbance is not defined

and initial etiologies, including caffeine use and exercise, have not been investigated. Medical necessity has not been established. The request is not medically necessary.