

Case Number:	CM15-0011744		
Date Assigned:	02/02/2015	Date of Injury:	11/05/2012
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old male who sustained an industrial injury reported on 11/5/2012. He has reported radiating weakness, burning and tingling down the leg, and pain in the groin right side along the testicle. The diagnoses have included lumbar herniation and radiculopathy; a grade 1 spondylolisthesis with bilateral pars defects; an adverse reaction to cortisone injection; and testicular pain. Treatments to date have included consultations; diagnostic laboratory and imaging studies; and medication management. The work status classification for this injured worker (IW) was not noted. On 12/16/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/5/2014, for a urology consultation. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines; and American College of Occupational and Environmental Medicine Guidelines, body part chapters, specialty referrals, were cited. No medical records for 11/5/2014, or prior to this UR were provided for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Guidelines, Consultation, page 127

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider, an orthopedist, is likely ill-equipped to address issues with and/or allegations of testicular pain. Obtaining the added expertise of a physician better-equipped to address such issues and/or allegations, namely an urologist, was/is indicated here. Therefore, the request was medically necessary.