

Case Number:	CM15-0016024		
Date Assigned:	02/04/2015	Date of Injury:	07/13/1999
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on July 13, 1999. The diagnoses have included lumbar post-laminectomy syndrome, failed back syndrome status post lumbar fusion in 2002, history of spinal cord stimulator implantation and removal due to MRSA infection, depression, anxiety, and insomnia. Treatment to date has included a lumbar spinal cord stimulator, home care services, trigger point injections, physical therapy, and medications. Currently, the injured worker complains of significant ongoing pain in the neck with severe cervicogenic headaches, and radicular symptoms in both upper extremities. The Primary Treating Physician's report dated January 5, 2015, noted the injured worker had an active bladder infection, and significant difficulty urinating over the past year, which was noted to be getting worse. The injured worker was noted to have been worked up for prostate problems and a neurogenic bladder, determined to be a direct result of lumbar spine surgery. The injured worker was noted to require self-catheterization up to three times a day. On January 20, 2015, Utilization Review non-certified a consultation with a urologist, noting it was unclear if the injured worker was already seeing a urologist and there were no documentations that supported the diagnosis of a neurogenic bladder. The MTUS ACOEM Guidelines was cited. On January 28, 2015, the injured worker submitted an application for IMR for review of a consultation with a urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Urologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

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), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The patient has significant difficulties urinating. The request is for CONSULTATION WITH UROLOGIST. The patient is s/p multiple surgeries, including anterior-posterior fusion on 07/16/02, SCS removal on 08/01/11. There is no discussion whether or not the patient has seen a urologist in the past or what treatments the patient has been received for his urinating problems. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." In this case, the treater requested for "a urologic evaluation due to his neurogenic bladder and the symptoms, and noted to be a direct result of his lumbar post laminectomy syndrome." This patient presents with chronic urinating problems and is status post failed lumbar surgeries. A consultation with a urologist for further evaluation is supported by ACOEM guidelines. This request IS medically necessary.