MAXIMUS Federal Services

Case Number:	CM15-0112477		
Date Assigned:	06/18/2015	Date of Injury:	05/24/2011
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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, Hawaii
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 56 year old male, who sustained an industrial injury on May 24, 2011. The injured worker reported electrocution. The injured worker was diagnosed as having electrocution, spinal fractures, carpal tunnel syndrome, right elbow tendonitis, left arm tendon release and chronic cervical strain/sprain with radiculopathy. Treatment to date has included therapy, medication. A progress note dated April 21, 2015 provides the injured worker complains of back pain with radiation to left thigh and arm with numbness and tingling. He has decreased sex drive. The pain is rated 4/10 at rest and 8/10 with activity. Physical exam is essentially unremarkable except for positive Tinel's sign. The plan includes urology consult due to decreased sex drive, magnetic resonance imaging (MRI) and neuropsychology referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation with urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), 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), page 127.

Decision rationale: The patient has ongoing pain in the left upper and lower back with pins and needles in the outer aspect of the thigh, numbness in the inside aspect of the left forearm with numbness/tingling in the 3rd, 4th, and 5th digits of the left and right hands. The current request is for one consultation with a urologist. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 state, "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In this case, the attending physician report dated 4/21/15 indicates a referral to an internal medicine specialist to evaluate the claimant for non-orthopedic complaints including lack of sex drive and abnormal liver enzymes. However, a second referral is made in another paragraph for consultation with an urologist to also evaluate for lack of sex drive. Until the completion of the consultation is completed with the internal medicine specialist, the request for consultation with an urologist is not medically necessary.