

Case Number:	CM15-0120670		
Date Assigned:	07/01/2015	Date of Injury:	06/22/1998
Decision Date:	09/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: North Carolina
 Certification(s)/Specialty: Urology

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 67 year old male who sustained an industrial injury on 6-22-1998. He reports neck and left shoulder pain and has been diagnosed with one year status post laminectomy of C4 and C5 with posterior spinal fusion from C3 through C5, prior anterior cervical fusion C3 through C6, bilateral rotator cuff tears, and prior low back fusion surgery L2-S1. Treatment has included surgery. He had 2+ reflexes in his biceps and his triceps; however, his brachioradialis was zero bilaterally. He had 4+-5 strength in his left upper extremity versus 5--5 in his right upper extremity. He had more weakness along the left wrist extensor as well as the left finger flexors and left interosseous. He had a negative open and shut grip test. Sensory examination was decreased globally on the left side from C5 through T1. The treatment plan included MRI of the cervical spine and EMG. Patient has a history of erectile dysfunction treated with penile prosthesis placement 8/22/13. Penile prosthesis was removed due to infection on 9/16/13. The treatment request included a penile cavernosogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Penile cavemosogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1551745>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. AUA Guidelines: Erectile Dysfunction: <https://www.auanet.org/education/erectile-dysfunction.cfm>2. Dilemmas of inflatable penile prosthesis revision surgery: what practices achieve the best outcomes and the lowest infection rates: <http://www.ncbi.nlm.nih.gov/pubmed/230462823>. Penile Prosthesis: What Should We Do about Complications: <http://www.hindawi.com/journals/au/2008/573560/4>. Investigation of erectile dysfunction: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3746402/>.

Decision rationale: Penile cavernosography is not indicated in this situation. The patient had a penile prosthesis removed due to infection on 9/16/13. The corpora cavernosa would essentially be obliterated/fibrosed due to this and cavernosography is not needed to determine this. Therefore the request is not medically necessary.