

<b>Case Number:</b>	CM15-0125226		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Pain Management

### 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 55 year old male, who sustained an industrial injury on August 25, 2009, incurring right ankle and foot injuries, low back and bilateral wrists. He was diagnosed with lumbosacral sprain, internal derangement of the right knee, phalanx fracture, carpal tunnel syndrome, right trochanteric bursitis, lumbar spinal stenosis and a sacroiliac sprain. Treatment included pain medications, joint cortisone injections, acupuncture, neuropathic medications, surgical interventions and work modifications and restrictions. Currently, the injured worker complained of upper limb pain, tightness and pain rating 2 out of 10 on a pain scale for the right hip and lumbar spine. The injured worker had a past history of renal failure and hypertension. The treatment plan that was requested for authorization included a urological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) urological evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

**Decision rationale:** In regards to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, a progress note dated 6/15/15 documents sexual dysfunction which is possibly related to the back pain and chronic pain. The patient does carry a diagnosis of lumbar stenosis. It is unclear from the documentation if the issue of sexual dysfunction is part of the industrial claim, and an AME/QME can assess issues of causation. The IMR process does not assess causation, but instead focuses only on medical necessity. Based upon the complaint, an urologist would be appropriate to evaluate the patient's sexual dysfunction. Therefore, the request for a Urological Evaluation is medically necessary.