

Case Number:	CM15-0126581		
Date Assigned:	07/13/2015	Date of Injury:	01/09/2013
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: New York

Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on January 9, 2013. Treatment to date has included MRI of the lumbar spine, lumbar epidural steroid injection, EMG, medications and lumbar foraminotomy, laminectomy and fusion. Currently, the injured worker complains of low back pain. He reports that medications decrease the pain level and allow him to walk for up to one hour. He rates his pain without medications an 8-10 on a 10-point scale and with medications a 4 on a 10-point scale. On physical examination the injured worker has a positive straight leg raise on the left. The diagnoses associated with the request include lumbar discogenic disease, lumbar radiculopathy, chronic low back pain and L4-5 grade 1 anterolisthesis and severe stenosis. The treatment plan includes continuation of Anaprox, Flexeril, Norco, and Neurontin, continuation of home exercise, urology evaluation for erectile dysfunction and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an urologist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: According to the California MTUS ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested urology consultation. There is no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. There is no documentation of physical examination findings related to the genitourinary system or any laboratory studies obtained such as PSA and free testosterone. There is no specific indication for the requested urology consultation. Medical necessity for the requested service is not established. The requested service is not medically necessary.