MAXIMUS Federal Services

Case Number:	CM15-0129299		
Date Assigned:	07/15/2015	Date of Injury:	07/06/2009
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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 47 year old male, who sustained an industrial injury on July 6, 2009. The injured worker was diagnosed as having cervical radiculitis, lumbar facet arthropathy and fusion, opioid dependency and chronic pain. Treatment to date has included magnetic resonance imaging (MRI), CAT scan, lumbar surgery, therapy and medication. A progress note dated May 7, 2015 provides the injured worker complains of back pain rated 6/10 with medication and 10/10 without medication. He reports pain has worsened since his last visit. He reports opioid medication helps him sleep. Onset of relief is approximately 30 minutes with duration of 2-3 hours. He reports functional improvement of increased ability to perform activities of daily living (ADL) and chores like laundry, tying shoes, vacuuming, brushing teeth, bathing and driving. Physical exam notes moderate distress with a slow gait and use of a cane for ambulation. There is a well-healed lumbar surgical scar with tenderness and spasm and decreased range of motion (ROM). Review of magnetic resonance imaging (MRI) and CAT scan shows disc protrusion. The plan includes neurology consult, lab work for medication compliance and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urology evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 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 the case of this injured worker, there is documentation of erectile dysfunction. This is complex condition, which can be due to hormonal, neurologic, or psychologic causes. The patient has chronic pain and use of chronic opioid medications, which may play a factor. Given this, it is appropriate to seek additional urology consultation to clarify the underlying etiology and offer additional treatment options. The request is medically necessary.