

Case Number:	CM15-0177506		
Date Assigned:	09/18/2015	Date of Injury:	01/11/2000
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Family Practice

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 57 year old male who sustained an industrial injury on 1-11-00. A review of the medical records indicates he is undergoing treatment for right ankle strain, migraine headaches, status post left shoulder surgery, right shoulder impingement, cervical disc herniation, lumbar disc herniation, and anxiety. Medical records (4-23-15 to 8-11-15) indicate that the injured worker has had ongoing complaints of neck pain, rating 7-8 out of 10, lumbar spine pain, rating 9-10- out of 10, and bilateral shoulder pain, rating 7 out of 10. He reports that his "current pain regiment is not working for him". He indicated that "Percocet works better for him". The injured worker also reports that he is having rectal bleeding, as well as headaches and erectile dysfunction. The physical exam reveals tenderness to palpation and pain with flexion of the cervical spine. Range of motion was noted to be limited with flexion and strength was noted to have "Give away weakness". Diagnostic studies are not included in the progress notes. The treatment plan includes medications: Percocet 10-325 four times daily, Soma 350mg three times daily (progress note indicates "Denied"), Neurontin 600mg twice daily, Cymbalta 30mg at bedtime as needed, Trazadone 50mg at bedtime as needed (progress note indicates "Denied"), Zantac 150mg twice daily as needed, Topamax 25mg at bedtime (progress note indicates "Denied"), Imitrex 50mg twice daily as needed, OxyContin 30mg at bedtime as needed, referral to an ophthalmologist for visual problems, referral to a neurologist regarding headaches, referral to a urologist for erectile dysfunction, referral to his primary medical doctor for rectal bleeding, and referral to a spine surgeon regarding cervical pain. The utilization review (8-18-15) indicates denial of the referral to a urologist, indicating that the guidelines recommend treatment for

erectile dysfunction starts with lifestyle changes and "pro-erectile treatments". The denial was based that "there is no documentation that lifestyle changes have been tried and failed".

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation European Association of Urology.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has erectile dysfunction. There is no documentation of current work up, treatments prescribed and response to therapy. Therefore need for urology consult is not medically necessary.