

Case Number:	CM15-0073735		
Date Assigned:	04/23/2015	Date of Injury:	06/10/2005
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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 44 year old male, who sustained an industrial injury on June 10, 2005. He reported severe low back pain. The injured worker was diagnosed as having status post lumbar fusion with failed back syndrome and intractable low back pain, bilateral lumbar radiculopathy and chronic intractable pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, urology consultation, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to the lower extremity, urinary incontinence and erectile dysfunction. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Following lumbar spine surgery urinary incontinence and erectile dysfunction were symptoms. Evaluation on November 13, 2014, revealed continued complaints. Medications and a catheter were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magic 3 Cath 14F: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.exmed.net/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. The patient requires self-catheterization and the request is for a urinary catheter to perform such action. Therefore, the request is medically necessary and certified.

Cialis tab 5mg, 1 tab daily: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, cialis.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of erectile dysfunction and BPH. The patient has erectile dysfunction related to the industrial accident and subsequent therapy. Therefore, the request is medically indicated and certified.