

Case Number:	CM15-0094345		
Date Assigned:	05/20/2015	Date of Injury:	08/29/2010
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, California
 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 8/29/10 the result of desk/ computer work injuring his back. Currently he has chronic neck pain with decreased range of motion and abnormal cervical MRI; sharp left groin pain; low back pain (8/10) with radiation to lower extremity left. He reports muscle spasms, joint stiffness. His activity level has decreased and medications are not effective. On physical exam there is left hemiparesis, leg greater than arm with spasticity in the left lower extremity; foot drop in the left leg; cervical spine has decreased range of motion, hypertonicity, spasms and tenderness; lumbar spine has decreased range of motion with hypertonicity, spasms and tenderness on both sides. Medications are Medrox Patch, Percocet, Terocin lotion, Lyrica, Menthodern ointment and Vesicare. Diagnoses include diabetes; status post lumbar surgery at L4-5 and L5-S1 (2/13) without improvement in back pain or left foot drop; myelopathy possibly cervical; post lumbar laminectomy syndrome; lumbar spondylosis; lumbar disc disorder; chronic pain syndrome; depression with anxiety; vertiginous syndrome; diffuse musculoskeletal pain; morbid obesity; erectile dysfunction; urinary incontinence. Treatments to date include three epidurals per PR-2 1/13/15; ankle - foot orthosis brace which is helping him to function, physical therapy. Diagnostics include MRI of the cervical spine 9/10/14) showing mild disc disease; MRI of the brain (9/22/14) abnormal; MRI of the thoracic spine (10/6/14) showing multilevel disc disease. In the progress note, dated 3/31/15 the treating provider's plan of care includes a request for urologist consult. Per the doctor's note dated 8/28/2014 patient had complaints of erectile dysfunction and urinary incontinence. A recent detailed physical examination of the

genitourinary tract was not specified in the records provided. The medication list includes Lyrica, Medrox patch, Percocet, Aspirin, Amlodipine, Sinvastatin, Vesicare, Celebrex, and Soma. The past medical history includes DM, CAD, and HTN. Any lab report for genitourinary tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urologic specialty consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), [https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/Chronic%20Pain); Table 2, Summary of Recommendations, Chronic Pain Disorders.

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) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, the occupational health practitioner may refer to other specialists 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. Currently he has chronic neck pain with decreased range of motion and abnormal cervical MRI; sharp left groin pain; low back pain (8/10) with radiation to lower extremity left. Diagnoses include diabetes; status post lumbar surgery at L4-5 and L5-S1 (2/13) without improvement in back pain or left foot drop; myelopathy possibly cervical; post lumbar laminectomy syndrome; lumbar spondylosis; lumbar disc disorder; chronic pain syndrome; depression with anxiety; vertiginous syndrome; diffuse musculoskeletal pain; morbid obesity; erectile dysfunction; urinary incontinence. Per the doctors note dated 8/28/2014 patient had complaints of urinary incontinence. On exam, there is evidence of left hemiparesis. Therefore, this complex case and the management of this case would be benefited by a Urologic specialty consultation. The request for Urologic specialty consultation is medically necessary and appropriate for this patient.