

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/26/2013
Date of Injury: 9/4/2012
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010856

- 1) MAXIMUS Federal Services, Inc. has determined the request for **testosterone level testing is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **liver function test is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **TSH (Thyroid stimulating hormone) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **testosterone level testing is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request **for liver function test is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **TSH is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient sustained a work related motor vehicle injury on 09/04/12 which has resulted in chronic neck pain. The patient has had a cervical fusion. He also has chronic knee pain and is status post left knee arthroscopy. Other diagnoses include carpal tunnel syndrome as well as chronic back pain secondary to DDD (degenerative disk disease) with radiculopathy. The patient has been treated with medical therapy with Norco, Atenolol, Ambien, Xanax, Prilosec, and Norflex. The patient has also undergone physical therapy and chiropractic therapy.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for testosterone level :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS and the Merck Manual, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 110, which is part of the MTUS.

Rationale for the Decision:

Per California MTUS Guidelines, testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism. In this particular case, the employee has only been taking the opiate Norco for less than one year and there are no documented symptoms or exam findings suggestive of low testosterone. Medical necessity for obtaining a testosterone level is not established. **The request for testosterone level testing is not medically necessary or appropriate.**

2) Regarding the request for liver function test :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS and the Merck Manual, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on 2013 Current Medical Diagnosis and Treatment – Stephen McPhee/ Maxine A. Papadakis page, 1104, which is not part of the MTUS

Rationale for the Decision:

The documentation indicates the employee has been maintained on multiple medications for pain control. It is reasonable to obtain a comprehensive metabolic profile to assess renal and hepatic function. There is no documentation of any physical examination abnormalities provided that warrants specific liver function studies in addition to those included in the comprehensive metabolic profile. **The request for liver function test is not medically necessary or appropriate.**

3) Regarding the request for TSH:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS and the Merck Manual, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on 2013 Current Medical Diagnosis and Treatment – Stephen McPhee/ Maxine A. Papadakis page, 1104, which is not part of the MTUS.

Rationale for the Decision:

There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. **The request for TSH is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.