

Case Number:	CM14-0103316		
Date Assigned:	07/30/2014	Date of Injury:	10/10/2011
Decision Date:	09/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported an injury on 10/10/2001; he reportedly sustained injuries to his lower back while lifting a duffel bag at work. The injured worker's treatment history included EMG/NCV studies, medications, MRI studies, physical therapy sessions, and surgery. Within the documentation submitted, the pain provider noted that the groin pain has been assessed by urologist and there may be a reverse ejaculation due to a surgical procedure. The injured worker was evaluated on 06/04/2014 and it was documented that the injured worker complained of neck and lower back pain rated 3/10 with medications and 6/10 without medications. Physical examination of the cervical spine revealed range of motion was restricted with flexion limited to 72 degrees limited by pain, extension limited to 15 degrees limited by pain, right lateral limited to 35 degrees, left lateral bending limited to 30 degrees limited by pain, lateral rotation to the left limited to 25 degrees limited by pain, lateral rotation to the right limited to 65 degrees limited by pain. On examination of paravertebral muscles, tenderness was noted on both sides. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. Adson's test was negative. Diagnoses included lumbar radiculopathy and back ache NOS. The provider noted testosterone level was low due to potential opioid side effect. Medications included gabapentin, naproxen, Lunesta, Norco 10/325, and Zanaflex. The Request for Authorization dated 06/19/2014 was for referral to urologist and a total testosterone level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to urologist quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits.

Decision rationale: The request for referral to the urologist qty: 1 is not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, the documents there was lack of documentation of long-term goals regarding functional improvement. Given the above the request is not medically necessary. Additionally, there was a note by the pain provider that groin has been assessed by urologist and there may be a reverse ejaculation due to surgical procedure. The prior urologist reports are not provided and medical necessity for different urologist is not established at this time with groin pain already assessed urologically. As such, the request for referral to the urologist qty: 1 is not medically necessary.

Total testosterone level quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for hypogonadism (related to opioids) Level Page(s): 110-111.

Decision rationale: The request for Total testosterone level qty 1 is not medically necessary. Chronic Pain Medical Treatment Guidelines recommend total testosterone level 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 level 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, such as gynecomastia. The provider failed to submit urologist's outcome measures by routine testing of testosterone levels in men taking opioids. As such, the request for total testosterone level qty 1 is not medically necessary.