

Case Number:	CM13-0001253		
Date Assigned:	12/04/2013	Date of Injury:	11/12/2002
Decision Date:	01/17/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 64-year-old male with a reported date of injury on 11/12/2002; the mechanism of injury was a fall. The patient presented with severe headaches, neck pain, pain in the low back and lower extremities, tenderness in the low back paraspinal musculature, taut muscle bands, a positive straight leg raise bilaterally, decreased sensation along the left lateral thigh, and decreased lumbar range of motion. The patient carried diagnoses including headache possibly cervicogenic in origin, multilevel cervical disc osteophyte complex with facet arthropathy, discogenic low back pain, herniated nucleus pulposus at L4-5, retrolisthesis at L5-S1, bilateral neural foraminal stenosis, hypertension, elevated blood sugar, hypogonadism, and hearing loss. The physician's treatment plan included a request for 1 neurosurgeon consultation between 06/14/2013 and 08/30/2013, a request for a testosterone lab panel between 06/14/2013 and 08/30/2013, and a CBC lab between 06/14/2013 and 08/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consultation between 6/14/2013 and 8/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169-172.

Decision rationale: ACOEM states, physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Per the provided documentation, it appeared the patient was seen for a neurosurgical consultation previously. Within the provided documentation it was unclear why the patient would require a second consultation. Additionally, it was unclear what routes of treatment the patient's primary treating physician utilized besides aspirin for the treatment of the headache. . Therefore, the request is noncertified.

Updated testosterone lab panel between 6/14/2013 and 8/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guidelines note 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, such as gynecomastia. Per the provided documentation, the patient had a diagnosis of hypogonadism possibly secondary to chronic opioid use. The patient was utilizing testosterone replacement gel. Within the provided documentation, it was unclear when the patient's testosterone levels were last monitored as well as documentation regarding the results of monitoring. Therefore, the request is noncertified.

CBC lab between 6/14/2013 and 8/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDS), Page(s): 70.

Decision rationale: The MTUS guidelines note periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) is recommended with the use of non-steroidal anti-inflammatory drugs (NSAIDs). The provider recommended the patient undergo a complete blood count due to aspirin usage. Within the provided documentation it was unclear when the patient last underwent lab monitoring for aspirin usage as well as the result of the testing. Therefore, the request is noncertified.