

Case Number:	CM13-0016513		
Date Assigned:	12/11/2013	Date of Injury:	10/27/1999
Decision Date:	02/03/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 New York and Texas. 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 58-year-old male who reported an injury on 10/27/99. This injury resulted in a multilevel fusion that failed to resolve the patient's pain, resulting in spinal cord stimulator implantation. The patient's most recent clinical examination findings include chronic fatigue, multiple trigger points with a twitch response, limited cervical range of motion, limited lumbar range of motion, and antalgic gait with right leg weakness rated at a 4/5. The patient's diagnoses included right L5 radiculopathy status post multilevel fusion of the lumbar spine, depression, gastritis, left wrist pain and right lateral epicondylitis, headaches associated with photophobia, sympathetically mediated pain, and sleep impairment. The patient's treatment plan included continuation of medications, participation in a home exercise program, and blood work to evaluate the patient's testosterone levels secondary to chronic fatigue

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work to evaluate testosterone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic fatigue and receives intrathecal medications. However, evaluation of testosterone levels is not routinely recommended unless suspicion of hypogonadism is clearly evident. Although the patient does complain of chronic fatigue, there is no other documentation of gynecomastia, decreased sexual function, loss of body hair, low sperm count, low bone mineral density, or documentation of hot flashes or night sweats. As the suspicion of low testosterone is not clearly evident, evaluation of the patient's testosterone levels would not be recommended. As such, the request is not medically necessary or appropriate.