MAXIMUS Federal Services

Case Number:	CM13-0047216		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2009
Decision Date:	08/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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:

This is a 51 year-old male with a 2/3/09 date of injury. The patient is status post a Lumbar posterior fusion revision. The patient was eventually placed on PDE5 inhibitors for complaints of erectile dysfunction and decreased libido. He was seen on 11/2/13 with exam finings of decreased sensation over the anterior and lateral aspect of the right leg, 4+/5 gastrocsoleus strength on the right, and decreased range of motion in the L spine. Otherwise, no other sensory or motor deficits were noted. The patient is on Soma, Norco, and Ambien. The diagnosis is L5/S1 radiculopathy and Impotence. Treatment to date include lumbar surgery, ESWT, medications, TENS unit, and PDE5 inhibitor, and PT. An adverse determination was received on 10/23/13 given there was no evidence that the patient tried testosterone replacement, or intracavernous injections for his impotence.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 VACUUM ERECTION DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Wespes et al. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Anhem, The Netherland: Europen Association of Urology.

Decision rationale: The California MTUS and ODG do not address this issue. This patient has a diagnosis of impotence and has apparently failed PDE5 inhibitors. However, there is a lack of documentation with regard to why the patient is impotent and when the impotence began. There is a lack of documentation that other therapies such as testosterone replacement or cavernous injections have been tried. In addition, there is a lack of documentation with regard to a thorough prostate and penile exam or urology exams, which discuss the nature of this patient's impotence. Therefore, the request for a vacuum erection device is not medically necessary.