

Case Number:	CM13-0054740		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2008
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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 33-year-old male with a date of industrial injury of 11/04/2008. The mechanism of injury is not known. The patient underwent right shoulder arthroscopy on 01/08/2009 followed by physical therapy, medication, acupuncture and right L5-S1 epidural steroid injection as well as self-directed home exercise program. According to last review of medication of 10/14/2013, the patient was taking Ambien 10mg, Norco 10mg/325mg, Zanaflex 4mg, Percocet 10mg, Skelaxin 800mg, and Ibuprofen. The patient underwent open MRI (magnetic resonance imaging) of the lumbar spine without contrast on 01/04/2013 which revealed 1).L5 spondylolysis without spondylolisthesis. 2) L4-5 and L5-S1 degenerative disc disease with small central disc protrusions. 3). Mild L4-5 and L5-S1 facet arthropathy. 4). No central spinal stenosis or definite neural foraminal encroachment. A note dated 10/31/2013 indicates he had elevation in two liver enzymes, AST (aspartate aminotransferase) and ALT (alanine aminotransferase). The alkaline phosphatase and total bilirubin were normal. His testosterone level was quite low at 136 ng/Dl, low normal is 241. His weight was 375 lbs. The patient's VAS (visual analogue scale) score was 3/10. Palpation: Pain elicited anteriorly. Range of Motion (ROM): Full active and passive ROM in flexion, extension, abduction, adduction, internal and external rotation. Muscular strength: 5/5 graded muscle strength of the major muscles of the shoulder and distal right upper extremity. Manuevers: (-) Yergason test: +/- Speed's test; (-) drop arm test. Neuro: Intact light touch and pinprick in all dermatomes tested of upper extremities. Lumbar Examination: The patient's VAS Score today is 6/10. Range of Motion: Lumbar ROM to 60 degrees flexion, 15 degrees extension, 30 degrees left lateral rotation, full right lateral rotation. Strength: Full 5/5 strength noted in the iliopsoas, quadriceps, gluteal muscles, and hamstrings. Heel/toe walking is intact. Patient is able to squat to stand. Neuro: Patient is AO (alert and oriented)x3. Coordination is grossly intact. Sensation: Intact to light touch and pinprick in all dermatomes

tested of both lower extremities. Provocative Maneuvers: (+/-) left straight leg raise: Axial rotation positive to the left for pain. Assessment: 724.2 Low back pain, 719.41 Shoulder pain. Plan: Recommended testosterone replacement with testosterone cypionate 200 mg every 2 weeks IM injection. Recommended consultation with bariatric surgeon Dr. Coates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Replacement Injections with Testosterone cypionate 200mg every 2 weeks, QTY1.00: Overturned

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), Pain Chapter (Chronic), Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The CA MTUS guidelines do not specifically address the appropriateness of the testosterone replacement injections and hence Official Disability Guidelines (ODG) have been sought. As per ODG, it is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. This patient has been using long-term opioids and the provider did document that his testosterone level is low at 136. Therefore, I disagree with prior reviewer and the request for testosterone replacement injections is certified.

Consultation with Bariatric Surgeon Dr. Coates, QTY 1.00: 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), Pain Chapter (Chronic), Office Visits.

Decision rationale: The CA MTUS guidelines do not specifically address the appropriateness of the consultation with bariatric surgeon and hence Official Disability Guidelines (ODG) have been sought. As per ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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." The request is for bariatric surgeon consultation for weight loss. In this case, I agree with prior reviewer that there is no documentation regarding his efforts by patient to reduce weight with diet and exercise. His weight was essentially unchanged since 2010. Thus, the medical necessity has not been established and the request is non-certified.

