MAXIMUS Federal Services

Case Number:	CM13-0065700		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2005
Decision Date:	04/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice, and is licensed to practice in 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 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 patient is a 44-year-old male who reported an injury on 03/11/2005. The mechanism of injury was not provided for review. The patient underwent lumbar fusion at the L5-S1 in 01/2010. It failed to resolve the patient's low back and radicular symptoms. The patient underwent a spinal cord stimulator trial that did not provide adequate relief. The patient underwent an interthecal delivery system implantation in 01/2013. The patient presented for evaluation on 10/10/2013 due to complaints of erectile dysfunction. It was noted that the patient had a history of treatment with Viagra that did not provide functional benefit. The patient's physical evaluation documented an uncircumcised phallus with bilaterally descended testicles and no evidence of hernia. The patient's diagnoses included compensatory erectile dysfunction, result of the industrial injury. The patient's treatment plan included consideration of a penile prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR OFFICE VISIT FOLLOW UPS: 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 requested four office visit follow ups are not medically necessary or appropriate. Official Disability Guidelines do support the need for evaluation and management of chronic conditions. The clinical documentation submitted for review does provide evidence that the patient has a history of erectile dysfunction that would benefit from evaluation and management. Therefore, an additional office visit would be appropriate for this patient. However, additional office visits would need to be based on further treatment planning to outcomes of other office visits. Therefore, four office visits would not be medically necessary or appropriate.

ONE LAB TEST INCLUDING ED PANEL, TESTOSTERONE TOTAL AND FREE THYROID T3, T4, T7, TSH, LIVER AND RENAL EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TWO MIDUS DOPPLER WITH AND WITHOUT VIAGRA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline update panel. The management of erectile dysfunction: an update. Baltimore (MD) American Urological association education and research, Inc; 2005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sikka, S. C., Hellstrom, W. J., Brock, G., & Morales, A. M. (2013). Standardization of Vascular Assessment of Erectile Dysfunction. The journal of sexual medicine, 10(1), 120-129.

Decision rationale: The requested two Midus dopplers with and without Viagra are not medically necessary or appropriate. Peer-reviewed literature does not support the use of ultrasound to evaluate erectile dysfunction without evidence of testicular or penile abnormalities. The clinical documentation submitted for review does not provide any clinical evidence to support abnormalities that would require this type of testing. As such, the requested two Midus dopplers with and without Viagra are not medically necessary or appropriate.

UNKNOWN PRESCRIPTION OF VIAGRA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline update panel.

The management of erectile dysfunction: an update. Baltimore (MD) American Urological association education and research, Inc; 2005.

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 requested unknown prescription of Viagra is not medically necessary or appropriate. Peer-reviewed literature recommends Viagra as appropriate for patients who have erectile dysfunction related to organic co-morbidities and psychosexual dysfunctions. However, the clinical documentation submitted for review does indicate that the patient was prescribed this medication in 2011 and it was not provided any significant functional benefit. Therefore, an additional prescription of this medication that has already failed to provide the patient with any symptom relief would not be supported. Additionally, the requested medication does not provide a dosage, frequency, or intended duration of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested unknown prescription of Viagra is not medically necessary or appropriate.