

Case Number:	CM14-0000332		
Date Assigned:	01/10/2014	Date of Injury:	11/11/2008
Decision Date:	08/05/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency 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:

The injured worker is a 53 year-old male, who sustained an injury on November 11, 2008. The mechanism of injury occurred from a thirty foot fall. Diagnostics have included: October 7, 2013 thoracic spine MRI which was reported as showing T9-10 facet arthropathy without nerve root impingement; December 18, 2010 lumbar CT scan which was reported as showing L5-S1 degenerative changes with moderate bilateral neuroforaminal stenosis; January 15, 2009 lumbar spine MRI which was reported as showing similar results as the 2010 CT scan; October 16, 2013 lumbar MRI was reported as showing L5-S1 mild bilateral neuroformainal narrowing without nerve root impingement. Treatments have included: medications, L5-S1 anterior/posterior fusion October 2010, SCS implant October 2013, multiple epidural blocks, physical therapy. The current diagnoses are: lumbago, lumbar degenerative disc disease, s/p L5-S1 anterior/posterior fusion October 2010, s/p SCS implant October 2013, lumbar facet arthropathy, lumbar radiculitis. The stated purpose of the request for Cialis 10mg 1 or 2 tabs prior to intercourse #12 with 1 refill, was not noted. The request for Cialis 10mg 1 or 2 tabs prior to intercourse #12 with 1 refill, was denied on December 26, 2013, citing a lack of documentation of genitourinary symptoms, exam findings, indications of neurogenic bladder, use of protease inhibitors, visual and hearing evaluation or evaluation of other possible causes of erectile dysfunction. The stated purpose of the request for lumbar epidural steroid injection (retrospective dos 12/16/13) was to provide pain relief. The request for lumbar epidural steroid injection (retrospective dos 12/16/13) was denied on December 26, 2013, citing a lack of documentation of objective findings indicative of radiculopathy. Per the most recent report dated December 16, 2013, the treating physician noted that after the spinal cord stimulator implantation, there was an improvement of 50% but that there was still significant radicular leg pain, as well as low back pain. Exam showed reduced lumbar extension, decreased left-sided L4-S1 dermatomal sensation,

positive bilateral straight leg raising tests, negative reflexes. The provider requested a right-sided L5-S1 lumbar epidural injection. Per the November 14, 2013 report, the treating physician noted decreased left L4-S1 sensation, bilateral positive straight leg raising test. Per a December 16, 2013 AME report, the injured worker has sexual dysfunction from his low back condition and can use medication to get an erection but cannot ejaculate and the provider did not have an etiology for the erectile dysfunction. The injured worker has had six to nine epidural blocks, which have not helped much. Exam showed negative straight leg raising tests, and no motor, reflex or sensory deficits. The provider opined that he was not a candidate for additional low back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 10MG 1 OR 2 TABS PRIOR TO INTERCOURSE #12 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction.

Decision rationale: The requested Cialis 10mg 1 or 2 tabs prior to intercourse #12 with 1 refill, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has low back and leg pain. The treating physician has documented a history of erectile dysfunction. However, the treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above have not been met. Therefore, the request Cialis 10mg 1 or 2 tabs prior to intercourse #12 with 1 refill is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION (RETROSPECTIVE DOS 12/16/13):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested lumbar epidural steroid injection (retrospective dos 12/16/13), is not medically necessary. Per California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has low back pain and leg pain. The treating physician has documented positive straight leg raising tests and reduced left-sided L4-S1

sensation. The treating physician requested a right-sided L5-S1 epidural injection. On the same date, an AME report noted negative straight leg raising tests and normal reflexes and normal motor and sensory exams. The October 16, 2013 lumbar MRI was reported as showing L5-S1 mild bilateral neuroforaminal narrowing without nerve root impingement. The treating physician has not documented the dates nor percentage or duration of relief from previous epidural injections. The criteria noted above have not been met. Therefore, the request for lumbar epidural steroid injection (retrospective dos 12/16/13) is not medically necessary.