MAXIMUS Federal Services

Case Number:	CM14-0101606		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2004
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with a 3/22/04 date of injury. At the time (6/12/14) of request for authorization for 1 Endocrinologist consultation to monitor testosterone therapy, there is documentation of subjective (low back pain with numbness) and objective (lumbar hypersensitivity to light touch and decreased painful lumbar range of motion) findings, current diagnoses (lumbar myofascial pain, chronic pain syndrome, and lumbar disc displacement), and treatment to date (ongoing opioid therapy). There is no documentation of low testosterone levels/hypogonadism.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Endocrinologist consultation to monitor testoserone therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Testerone replacement for hypogonadism (related toopioids)Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-dose long-term opioids and low testosterone levels/hypogonadism, as criteria necessary to support the medical necessity of testosterone replacement therapy. Within the medical information available for review, there is documentation of diagnoses of lumbar myofascial pain, chronic pain syndrome, and lumbar disc displacement. In addition, given documentation of a request for Endocrinologist consultation to monitor testosterone therapy, there is documentation that consultation is indicated to aid in the therapeutic management of the patient. Furthermore, there is documentation of ongoing opioid therapy. However, there is no documentation of low testosterone levels/hypogonadism. Therefore, based on guidelines and a review of the evidence, the request for 1 Endocrinologist consultation to monitor testosterone therapy is not medically necessary.