

Case Number:	CM14-0017471		
Date Assigned:	04/14/2014	Date of Injury:	01/20/2004
Decision Date:	05/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, Pulmonary Diseases 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 49-year-old male who reported an injury on 01/20/2004. The mechanism of injury was not stated. Current diagnoses include low back pain, facet arthropathy, thoracic or lumbosacral radiculopathy, myalgia and myositis, chronic pain, degenerative disc disease in the lumbar spine, and post laminectomy syndrome. The injured worker was evaluated on 10/02/2013. The injured worker reported persistent lower back pain with left lower extremity pain. The injured worker reported improvement in symptoms with exercise, heat, ice, rest, massage, pain medication, and physical therapy. Current medications include Motrin, Norco, and Ambien. Physical examination on that date revealed normal findings. Treatment recommendations included continuation of current medication and multiple laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE TESTOSTERONE BLOOD TEST BETWEEN 2/3/14 AND 3/20/14:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/300_399/0352.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

Decision rationale: The California MTUS Guidelines state testosterone replacement for hypogonadism related to opioids is recommended only in limited circumstances for patients taking high dose long-term opioids with documented low testosterone levels. As per the documentation submitted, the injured worker has continuously utilized opioid medication. However, there is no evidence of any signs or symptoms suggesting a low testosterone level. There is no documentation of previous testosterone studies indicating low testosterone. The medical necessity for repeat testing has not been established. As such, the request for prospective testosterone blood test between 2/3/14 and 3/20/2014 is not medically necessary.

PROSPECTIVE PROSTATE SPECIFIC ANTIGEN TEST BETWEEN 2/3/14 AND 3/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/300_399/0352.html.

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.

Decision rationale: If prostate cancer is diagnosed, a total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment. It may also be ordered at regular intervals after treatment to detect recurrence of the cancer. The injured worker does not maintain a diagnosis of prostate cancer. There is no evidence of any significant signs or symptoms suggestive of a prostate abnormality. The medical necessity for the requested laboratory study has not been established. As such, the request for prospective prostate specific antigen test between 2/3/14 and 3/20/2014 is not medically necessary.