

Case Number:	CM14-0025914		
Date Assigned:	06/04/2014	Date of Injury:	03/26/1997
Decision Date:	07/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation 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 65-year-old male who reported an injury on 03/26/1997 secondary to unknown mechanism of injury. The injured worker was evaluated on 01/15/2014 for reports of low back, neck, and leg pain rated at 8/10. The exam noted tightness in the bilateral levator and suboccipital groups, trigger point and myofascial restrictions in the bilateral gluteus medius, and piriformis groups. The diagnoses included chronic pain syndrome secondary to myofascial syndrome. The treatment plan included continued medication, testosterone injection, and trigger point injections. The Request for Authorization and rationale for request were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTOSTERONE REPLACEMENT FOR CERVICAL AND LUMBAR SPINE.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Testosterone Replacement for Hypogonadism; Effexor Page(s): 16,110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (Related to Opioids) Page(s): 110-111.

Decision rationale: The California MTUS Guidelines recommend testosterone replacement in limited circumstances for hypogonadism in patients taking high-dose long-term opioids with documented low testosterone levels. There is a significant lack of clinical evidence of low testosterone in the documentation provided. Therefore, based on the lack of clinical evidence and rationale, the request is not medically necessary.