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| Case Number: | CM14-0028970 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 03/18/2009 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 and is licensed to practice in Pennsylvania. 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 48-year-old woman with a date of injury of 05/18/2009. A physical therapy evaluation by [REDACTED] dated 03/09/2013 identified the mechanism of injury as the worker was pulling a cement umbrella stand when she immediately felt back pain. Office visit notes by [REDACTED] dated 01/13/2014 and 02/10/2014, an office visit and team meeting report by [REDACTED] team, and a physical therapy evaluation by [REDACTED] dated 03/09/2013 described the worker was experiencing lower back pain that went into the left leg. Documented examinations consistently described tenderness in the lumbar region muscles, pain with raising the left leg, and decreased sensation involving specific areas of the left leg. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy and post-laminectomy syndrome. Treatments had included two surgeries to the lumbar spine, a brace for the lower back, a cane, physical therapy, and medications. The reviewed documentation described the worker as a woman, and there was no report the worker was transgender or had a history of gender reassignment treatment. A Utilization Review decision by [REDACTED] was rendered on 02/20/2014 recommending non-certification for the blood test for the prostate-specific antigen (PSA).

IMR ISSUES, DECISIONS AND RATIONALES

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

PSA LAB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines support the evaluation of the blood test for the prostate-specific antigen (PSA) for men who are using opioids long-term at high doses, are experiencing signs of decreased hormones produced by the sex glands as a result, and who are going to start replacement therapy with testosterone. The submitted and reviewed documentation described the worker as being a woman, with no indication of her being transgender, having gender reassignment treatment, or suffering from decreased male hormone production due to long-term opioid use. In the absence of such evidence, the current request for the PSA blood test is not medically necessary.