

Case Number:	CM14-0042885		
Date Assigned:	06/30/2014	Date of Injury:	02/11/2010
Decision Date:	08/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 44-year-old male who was reportedly injured on February 11, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 20, 2014, indicated that there were ongoing complaints of pain in the upper back and bilateral upper extremities. Psychiatric treatment is being pursued. The physical examination demonstrated an alert, oriented, well-developed, well-nourished individual in no acute distress. The cervical spine noted a full range of motion. Spurling's maneuver was negative bilaterally. There was some tenderness to palpation over the temporomandibular joint. Previous treatment included multiple medications and other conservative interventions. A request was made for assessment of a testosterone level and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs to measure testosterone level QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6.

Decision rationale: The records reflect that this is an individual who sustained an injury to the head, neck, brain and face. There was no clinical indication presented that any organ system related to the production of testosterone was compromised. Furthermore, the physical examination did not identify any particular findings to suggest production of testosterone has been accomplished. It is noted that there has been long-term opioid use, but the sequelae of low testosterone have not been presented. Therefore, the request for labs to measure testosterone level qty: 1.00 is not medically necessary.