MAXIMUS Federal Services

Case Number:	CM14-0043574		
Date Assigned:	07/02/2014	Date of Injury:	10/24/1996
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 American Board of Family Practice 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 claimant is a 52-year-old male who sustained a work injury on 10/24/96 involving the low back, neck, elbows and right ankle. An EMG study in 2013 noted he had no evidence of lumbar radiculopathy or neuropathy. He was diagnosed with thoracolumbar and cervical strain as well as epicondylitis. His pain had been managed with analgesics, acupuncture, and shock therapy. A progress note on 12/27/13 indicated the claimant's exam findings showed lumbar tenderness, a positive straight leg raise and numbness on the right side. He had continued pain in the right elbow. He was on Ultram at the time for pain. A request was made for an electrical muscle stimulation unit for the elbow and an elbow strap. A progress note on 2/5/14 indicated the claimant and painful intercourse, joint pain and muscle spasms. A rheumatological evaluation was made along with a request for Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 10 mg: 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 Chronic Pain Medical Treatment Opioids and pg 74 Page(s): 74.

Decision rationale: According to the MTUS guidelines, Opioids can lead to hypogonadism and low testosterone levels. The end result could possibly lead to erectile dysfunction. In this case, the claimant's complaint was painful intercourse not difficulty with having an erection. In addition, there is no evidence that he had a low testosterone level. Therefore, Cialis 10mg is not medically necessary.

Electric Muscle Stimulation (EMS) unit, QTY: 1:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Pain.

Decision rationale: According to the California MTUS Guidelines, interferential current therapy plus patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. According to the ACOEM guidelines, electrical stimulation is an optional treatment for elbow pain. According to the ODG, electrical stimulation is not recommended. Based on the guidelines, Electric Muscle Stimulation (EMS) unit is not medically necessary.