

Case Number:	CM14-0050066		
Date Assigned:	07/07/2014	Date of Injury:	10/08/1998
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 patient is a 61-year-old male who has submitted a claim for acquired spondylolisthesis, lumbar disc displacement without myelopathy, thoracic/lumbosacral neuritis/radiculitis, continuous opioid type dependence, and testicular hypofunction; associated with an industrial injury date of 10/08/1998. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 7/10, radiating to the bilateral buttocks, hips, knees, and lower extremities. Pain is aggravated by movement and position change, and relieved by medications and rest. Physical examination showed tenderness in the right patella and infra-patellar margin of the medial collateral ligament. Tenderness was noted in the left flexor hallucis longus with spasm along the left quadrates lumborum. Range of motion of the lumbar spine was limited. Hyporeflexia was noted on the left lower extremity. Sensation was intact. Treatment to date has included medications. Utilization review, dated 03/25/2014, denied the request for Radiofrequency Ablation L5-S1, and modified the request for labs for Testosterone Free & Total, PSA Free & Total and two Random UDS in a 12 month period. The reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs for Testosterone Free & Total, PSA Free & Total and 2 random UDS in a 12 month period: 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; Opioids Page(s): 110; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: Page 110 of the California MTUS Chronic Pain Medical Treatment Guidelines states that testosterone replacement for hypogonadism is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Routine testing of Testosterone levels is not recommended, however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids who exhibit symptoms or signs of hypogonadism. In this case, levels of free & total Testosterone and free & total PSA are being requested. The patient has been on Testosterone Cypionate since at least November 2013. However, opioid was discontinued on February 2014, and there is no documented evidence of signs and symptoms of hypogonadism. There is no clear indication for the requested laboratory procedures at this time. Regarding urine drug screening, page 94 of California MTUS Chronic Pain Medical Treatment Guidelines recommends frequent random urine toxicology screens for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the present request for 2 random screens exceeds the recommended amount of urine drug tests given that the patient is low risk for drug abuse due to absence of psychiatric comorbidity. Given the aforementioned reasons therefore, the request for Testosterone Free & Total, PSA Free & Total and two random UDS in a 12 month period is not medically necessary.

Radiofrequency Ablation L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: As stated on page 300-301 of the California MTUS ACOEM Guidelines, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, Official Disability Guidelines criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the patient complains of back pain with radicular symptoms despite medications. However, there is no discussion regarding previous diagnostic medial branch blocks, or

conservative treatment plans in addition to facet joint therapy. The criteria have not been met. Therefore the request for Radiofrequency Ablation L5-S1 is not medically necessary.