

Case Number:	CM14-0055731		
Date Assigned:	06/16/2014	Date of Injury:	06/14/2008
Decision Date:	08/07/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 Maryland. 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 employee was a 47 year old male who had sustained an industrial injury on 06/14/2006. He was being treated for low back pain, chronic pain syndrome, insomnia and lumbosacral spondylosis without myelopathy. His subjective symptoms included pain in gluteal area radiating to the left calf, left foot and left thigh. His past history was significant for lumbar fusion at L5-S1, atrial fibrillation, failed back surgery, depression, hypothyroidism, insomnia and facet arthropathy. The current medications were Voltaren gel, Nucynta ER 50mg every 12 hours, Flexeril, Norco 10/325mg every 4 to 6 hours, Diltiazem, Levothyroxine, aspirin and Metoprolol. The review of systems was negative for erectile dysfunction, dribbling, sexual dysfunction, other GU symptoms or blood in stool. Pertinent examination findings included tenderness to palpation of L4-L5 facet and limited range of motion of lumbar spine. The diagnoses included failed back surgery, degeneration of lumbar or lumbosacral intervertebral, global fusion of L5-S1, chronic pain due to trauma, myalgia and myositis and muscle spasms. His treatment plan included trigger point injections, continuing current medications and routine laboratory examination including Complete blood count (CBC), chem panel, Thyroid-Stimulating Hormone (TSH), Prostate Specific Antigen (PSA) and testosterone levels twice a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROUTINE CBC, CHEM PANEL, TSH, PROSTATE SPECIFIC ANTIGEN (PSA), AND TESTOSTERONE LEVELS TWICE A YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70, 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism, NSAIDs, adverse effects Page(s): 110, 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American cancer society - Prostate cancer early detection.

Decision rationale: The employee was being treated for chronic pain due to industrial injury. He had a history of atrial fibrillation, hypothyroidism and pain and was using both long and short acting opioids together with non-steroidal anti-inflammatory drug (NSAIDs) in the form of Volteran topically. Prior lab work from August 2013 was unremarkable except for elevated cholesterol and decreased phosphorus. According to Medical Treatment Utilization Schedule (MTUS), routine testing of testosterone levels is not recommended in the absence of signs of hypogonadism or gynacomatia. Routine annual testing of Complete blood count (CBC), chemistry panel, Prostate Specific Antigen (PSA) and Thyroid-Stimulating Hormone (TSH) are recommended based on the employee's age over 45 years for prostate screening, NSAID use and the underlying diagnoses of atrial fibrillation and hypothyroidism. But since the request includes testosterone testing which is not recommended in asymptomatic individuals and since the frequency of testing of PSA is more than the recommended yearly testing, the request for laboratory testing of CBC, chemistry panel, TSH, PSA and testosterone levels twice yearly is not medically necessary and appropriate.