MAXIMUS Federal Services

Case Number:	CM14-0085630		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2007
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal 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 injured worker is a 52-year-old male who sustained injury to his low back on 08/05/07 while working as a prison guard; he was involved with an altercation with an inmate. The injured worker was retired and continued to complain of pain in the bilateral shoulders, internal organs, bilateral feet, low back, neck, and mental problems. Plain radiographs of the lumbar spine dated 07/17/13 revealed no fractures; no degenerative changes diffusely; MRI of the lumbar spine dated 07/27/13 revealed disc bulge and facet degenerative changes without central canal or neural foraminal stenosis. The injured worker was status post right shoulder surgery resulting in DVT of the right upper extremity and left calf. The injured worker was also treated with epidural steroid injections. Clinical note dated 05/19/14 reported that the injured worker had a diagnosis of hypogonadism. Medications included Coumadin, Oxycontin, and Oxycodone. Pain contract was not provided in the clinical documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Lab Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section-Testosterone Replacement for Hypogonadism.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: Previous request was denied on the basis that guidelines do not recommend routine testosterone lab testing. There was no documented complaint suggesting the diagnosis of hypogonadism and there are no objective findings reported suggesting this diagnosis. Further, there is not a designation as to whether the provider is requesting free or total testosterone. Therefore, the request was not deemed as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for testosterone lab test is not medically necessary.