

Case Number:	CM14-0091489		
Date Assigned:	07/25/2014	Date of Injury:	07/30/2007
Decision Date:	10/02/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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:

This is a 59 year-old male who has reported neck and back pain of gradual onset attributed to usual work activity, with a listed injury date of 07/30/07. The injured worker has also reported urological problems which he has attributed to his work as well. These problems include erectile dysfunction. On 4/9/14 the injured worker was evaluated by an urologist for erectile dysfunction. The medical history included a trial of two pills of Cialis, prostate symptoms, a prior infection, a renal stone, and morbid obesity. The details of onset of erectile dysfunction were not discussed and the various possible causes of erectile dysfunction were either not mentioned or mentioned in only minimal detail. 13 medications were listed. The prostate was enlarged and non-tender. The genitals were normal. The diagnosis was "erectile dysfunction" and the treatment plan included a KUB, Midus Doppler, "ED" panel, testosterone level, thyroid screen, and renal and hepatic panels. On 05/19/14 Utilization Review non-certified the tests now under Independent Medical Review, noting the lack of sufficient clinical evaluation and indications for the tests. Several online resources were cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Erectile Dysfunctional Panel Between 5/16/14-6/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Evaluation of male sexual dysfunction

Decision rationale: The MTUS does not provide direction for the evaluation of erectile dysfunction. An alternative, evidence-based guideline (UpToDate) was selected instead. According to the UpToDate reference cited above, there are multiple possible causes for erectile dysfunction. Causes may be behavioral or organic. There may be important medical conditions causing erectile dysfunction in some patients. Per the Up-To-Date reference, some of the possible causes are androgen deficiency, depression, prescription and recreational drugs, inadequate arterial blood flow into (failure to fill) or accelerated venous drainage out of (failure to store) the corpora cavernosae, prior prostate surgery, antidepressant medication, unresolved patient/partner conflict. The evaluation begins with a sexual history and physical examination. Important information in the history includes determination of the rapidity of onset, evaluation of erectile reserve, and assessment of risk factors for impotence. This information plus nocturnal penile tumescence testing often points toward the cause of the sexual dysfunction. Rapidity of onset is very important for determination of psychogenic, traumatic, or psychogenic impotence. In addition to the basic physical examination, the evaluation of the sexually dysfunctional male should include a careful assessment of femoral and peripheral pulses, a search for visual field defects, a breast examination to detect gynecomastia, a search for penile plaques indicative of Peyronie's disease, examination of the testicles looking for atrophy, asymmetry or masses; and an evaluation of the cremasteric reflex. Appropriate laboratory testing includes evaluation of hormonal function and nocturnal penile tumescence testing. Nocturnal penile tumescence (NPT) testing supplies essential information and can be performed at the patient's home. Additional studies, such as duplex Doppler ultrasonography or angiography of the penile deep arteries, are indicated in men with impaired NPT to identify areas of arterial obstruction or venous leak that might be amenable to surgical reconstruction. In this case, the treating physician has not provided evidence of a sufficient clinical evaluation of erectile dysfunction. The important points outlined in the evidence-based guideline were not addressed adequately. The requested "panel" of tests was not described adequately. The tests are not medically necessary because the tests were not described adequately and because the clinical evaluation was not sufficient.

Prospective Request for 1 Testosterone Level Between 5/16/14-6/30/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Evaluation of male sexual dysfunction

Decision rationale: The MTUS does not provide direction for the evaluation of erectile dysfunction. An alternative, evidence-based guideline (UpToDate) was selected instead. According to the UpToDate reference cited above, there are multiple possible causes for erectile dysfunction. A careful evaluation must be performed as an initial step in the assessment of erectile dysfunction. Please refer to the discussion above regarding the guideline recommendations. That guideline recommends an initial hormonal evaluation, of which testosterone is one test, and this test is recommended in the guideline. This test is therefore medically necessary as part of the initial evaluation. The request for 1 Testosterone Level is medically necessary and appropriate.

Prospective Request for 1 Total and Free Thyroid Screen Between 5/16/14-6/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Evaluation of male sexual dysfunction

Decision rationale: The MTUS does not provide direction for the evaluation of erectile dysfunction. An alternative, evidence-based guideline (UpToDate) was selected instead. According to the UpToDate reference cited above, there are multiple possible causes for erectile dysfunction. A careful evaluation must be performed as an initial step in the assessment of erectile dysfunction. Please refer to the discussion above regarding the guideline recommendations. An adequate clinical evaluation was not performed, making any subsequent testing of equivocal value. That guideline does not recommend thyroid testing as an initial test, particularly when there are no specific clinical indications. The treating physician has not provided any specific indications for this testing. Therefore, the request for 1 Total and Free Thyroid Screen is not medically necessary and appropriate.

Prospective Request for 1 Renal and Hepatic Panel Between 5/16/14-6/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Evaluation of male sexual dysfunction.

Decision rationale: The MTUS does not provide direction for the evaluation of erectile dysfunction. An alternative, evidence-based guideline (UpToDate) was selected instead. According to the UpToDate reference cited above, there are multiple possible causes for erectile dysfunction. A careful evaluation must be performed as an initial step in the assessment of erectile dysfunction. Please refer to the discussion above regarding the guideline recommendations. An adequate clinical evaluation was not performed, making any subsequent testing of equivocal value. That guideline does not recommend kidney and liver testing as an initial test, particularly when there are no specific clinical indications. The treating physician has not provided any specific indications for this testing. Therefore, the request for 1 Renal and Hepatic Panel is not medically necessary and appropriate.