

Case Number:	CM15-0007302		
Date Assigned:	01/22/2015	Date of Injury:	09/15/2008
Decision Date:	03/26/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained a work/ industrial injury on 9/15/08. Mechanism of injury was not specified in the documentation. On note dated 11/19/14 He has reported symptoms of neck pain that radiated down the right upper extremity, low back pain that radiated down the bilateral lower extremities, pain in the right shoulder, elbow, and hand; pain in the bilateral knees and legs, abdominal pain chest wall pain, groin pain, insomnia, buzzing in the ears, testicular pain, and erectile dysfunction. Pain averaged 6/10. The diagnoses have included cervical radiculitis, lumbar radiculitis, bilateral elbow pain, left hip pain, bilateral knee pain, right shoulder pain, elevated liver enzymes, erectile dysfunction due to opiate use, chronic pain, s/p inguinal hernia repair, chronic right sternoclavicular joint pain, chronic testicular/perineal pain, low testosterone, and bilateral ear tinnitus. Pain medication was reported to not controlling the flare ups. Pool therapy was reported to give moderate improvement. A urology consult was pending for sexual dysfunction. Lab work was ordered: 25 (OH) D level and CMP (Comprehensive Metabolic Panel) to evaluate deficiency as contributing to chronic diffuse musculoskeletal pain symptoms and metabolic or organ effects. He has had a urine drug toxicology report on 8/26/14 that was positive hydrocodone and Gabapentin. The patient has had spinal cord stimulator on 3/27/14. Patient has received an unspecified number of pool therapy visits for this injury. Per the doctor's note dated 11/19/14 physical examination revealed limited range of motion of the low back, decreased sensation in bilateral LE, positive SLR and tenderness on palpation. The medication list include Gabapentin, Viagra, Naproxen, Tramadol, Escitalopram, Restoril, and Miralax. The patient has had MRI of the low back and hip on 10/5/13

that was normal. The patient had received sternoclavicular joint injection. The patient's surgical history include left inguinal hernia repair. He underwent urology follow up evaluation for sexual dysfunction. The patient has had a total testosterone level was 59 ng/dl that was low according to his age.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment for testicular pain and erectile dysfunction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

Decision rationale: Request: Treatment for testicular pain and erectile dysfunction. Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient is taking Viagra. The dose duration and detailed response of this medication was not specified in the records provided. He underwent urology follow up evaluation for sexual dysfunction. The detailed report of the urology follow up evaluation for sexual dysfunction was not specified in the records provided. The rationale for repeating a consultation for sexual dysfunction was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. The medical necessity of the request for Treatment for testicular pain and erectile dysfunction is not fully established for this patient.

Aqua Therapy 2x4 weeks- Bilateral Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Request: Aqua Therapy 2x4 weeks- Bilateral Low Back. Per MTUS guidelines, aquatic therapy is, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records

provided. Patient has received an unspecified number of pool therapy visits for this injury. Detailed response to previous of pool therapy visits was not specified in the records provided. Previous of pool therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of pool therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Aqua Therapy 2x4 weeks- Bilateral Low Back is not fully established in this patient.

Lab 25 (OH) D Level and Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labs/Blood Work (www.cigna.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring; NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: A 25-hydroxy vitamin D (calcidiol) blood test is used to determine how much vitamin D is in the body. Any signs or symptoms suggestive of vitamin D deficiency were not specified in the records provided. The rationale for the test for vitamin D levels was not specified in the records provided. A CMP (or BMP) can be ordered as part of a routine physical examination, or may be used to monitor a patient with a chronic disease, such as diabetes mellitus or hypertension. Per the cited guidelines, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established....." The rationale for the lab report was not specified in the records provided. Detailed evidence of previous renal or other metabolic abnormalities, that would require a comprehensive metabolic panel, was not specified in the records provided. Evidence of intolerance or GI symptoms of peptic ulcer with any previous use of NSAIDs was not specified in the records provided. The duration of previous use of NSAIDs was not specified in the records provided. Previous lab reports were not specified in the records provided. Any evidence of chronic disease, such as diabetes mellitus or hypertension was not specified in the records provided. Details of previous lab tests done since the date of injury were not specified in the records provided. The records provided did not specify any evidence of abnormal vital signs like a high blood pressure. The medical necessity of the Lab 25 (OH) D Level and Comprehensive Metabolic Panel listed was not fully established in this patient at this time.