

<b>Case Number:</b>	CM15-0007886		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Georgia, California, Texas  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 41 year old male who sustained an industrial injury reported on 1/22/2013. He has reported right knee pain and improved low back pain. The diagnoses have included knee pain; intra-abdominal hernia; low back pain; and insomnia. Treatments to date have included consultations; diagnostic imaging studies; abdominal wall repair surgery (2/25/13) for incarcerated umbilical hernia; physical therapy (completed); 24 chiropractic treatments (completed); psychological consultation; and medication management. The work status classification for this injured worker (IW) was noted to be working full time with modified duties. On 12/23/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/15/2014, for Viagra 100mg #10, and 6 chiropractic treatments. The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine for pain suffering and restoration of function and chronic pain guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The management of erectile dysfunction: an update. (2) 2006 addendum. Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc.; 2005.

**Decision rationale:** American Urological Association guidelines recommend pharmacological treatment for erectile dysfunction following a detailed evaluation including sexual/medical/psychosocial history, focused physical examination including a rectal examination, laboratory tests, and additional testing such as testosterone level measurement, vascular and/or neurological assessment, and monitoring of nocturnal erections. No detailed evaluation for erectile dysfunction is documented. No symptoms of erectile dysfunction are documented, and the genitourinary portion of the review of systems in the office notes provided has been consistently negative. Medical necessity is not established for the requested Viagra.

**6 chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 of 127.

**Decision rationale:** MTUS recommends chiropractic manipulation as an optional treatment for the low back. MTUS recommends a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. MTUS does not recommend maintenance chiropractic care. Concerning recurrences/flare-ups, MTUS supports 1-2 visits every 4-6 weeks if previous treatment was successful with return to work. MTUS does not recommend chiropractic manipulation for the knee. Case notes indicate completion of 24 previous chiropractic sessions. Response to previous chiropractic treatment is unknown. Due to lack of documented functional response to previous chiropractic and number of sessions exceeding MTUS recommendations, medical necessity is not established for this request.