

<b>Case Number:</b>	CM15-0101687		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on 7/12/08. He reported a low back injury which resulted in sexual dysfunction, after falling 7-8 feet from a ladder. The injured worker was diagnosed as having severe spinal stenosis L4-5, chronic T12 compression fracture, lumbar spine degenerative disc disease, status post partial lumbar spine laminectomy, sexual dysfunction and insomnia. Treatment to date has included penile inflatable implant on 9/17/14, lumbar laminectomy, transforaminal epidural injections, physical therapy, TENS unit and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 3/10/15 revealed mild degenerative endplate changes in the lower lumbar spine with osteophyte formation and posterior bony spurring with degenerative disc disease and facet hypertrophy, L3-5 laminectomy changes are present with a small disc bulge, facet hypertrophy and slight narrowing of left neural foramen, L4-5, broad based disc osteophyte complex with facet hypertrophy, L5-S1 slight narrowing of thecal sac and slight anterior wedged appearance of T12 vertebral body. Currently, the injured worker complains of the penile implant not operating properly, lumbar spine pain rated 6-7/10 with radiation to neck, both legs and right side of head. He is currently temporarily totally disabled. Physical exam noted restricted range of motion of lumbar spine, tenderness on palpation of paravertebral muscles with hypertonicity, spasm and tight muscle band and genitourinary exam was unremarkable. On 2/19/15, the urologist indicated the penis and pump area looked totally benign and cycled the device to be sure it was working properly. A request for authorization was submitted for a repair/revision of inflatable penile prosthesis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Repair and revision of inflatable penile prosthesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. 54p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/erectile-dysfunction/guide/penile-prosthesis>.

**Decision rationale:** The requested repair and revision of inflatable penile prosthesis, is not medically necessary. CA MTUS and ODG are silent on this issue. <http://www.webmd.com/erectile-dysfunction/guide/penile-prosthesis> note that mechanical prosthesis is considered a third-line therapy behind medication treatment. The injured worker has complains of the penile implant not operating properly, lumbar spine pain rated 6-7/10 with radiation to neck, both legs and right side of head. The treating physician has not provided sufficient documentation of failed medication therapy for this condition, nor the medical necessity for another mechanical revision considering that the last revision was approximately one year ago. Criteria not having been met, the request for Repair and revision of inflatable penile prosthesis is not medically necessary.