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| Case Number: | CM15-0143706 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 09/19/2001 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

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, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain with derivative complaints of erectile dysfunction reportedly associated with an industrial injury of September 19, 2001. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve requests for penile Doppler and serum testosterone level. The claims administrator referenced an RFA form received on June 25, 2015 and an associated progress note of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On July 28, 2014, the applicant consulted an urologist, reporting issues with erectile dysfunction. The applicant had not received any 5-phosphodiesterase inhibitors, it was reported. The applicant was asked to employ Viagra on a trial basis. A penile Doppler study and a serum testosterone level were sought. The applicant's past medical history was notable for hypertension, it was suggested. The applicant was off of work, it was acknowledged. In a June 25, 2015 RFA form, a penile Doppler and a serum testosterone level were sought. In an associated progress note of April 29, 2015, and applicant presented with ongoing complaints of erectile dysfunction. The attending provider acknowledged that the applicant had never employed previously prescribed and/or previously proffered Viagra. A serum testosterone value to evaluate possible hypogonadism was sought. The applicant was also asked to obtain a penile Doppler study. The attending provider stated that the applicant was and/or had been on unspecified pain medications, the names of which were unknown. An April 17, 2009 medical-legal evaluation did not recount to the applicant's complete medication list. The initial urology consultation on July 28, 2014, it was incidentally noted, stated that the applicant was taking no medications as of that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Penile Doppler: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Eardley L, Giuliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vardi Y, Guidelines on male sexual dysfunction. 2013 Mar. page 54.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AIUM PRACTICE GUIDELINES Ultrasound in the Practice of Urology D. Penile.

Decision rationale: Yes, the proposed penile Doppler (AKA penile ultrasound) was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Institute of Ultrasound and Medicine (AIUM) notes that one of the indications for penile ultrasound examination includes the evaluation of erectile dysfunction, as was present here. Here, the applicant was an older worker (age 68), bringing into question a possible vascular source for the applicant's issues with and/or allegations of erectile dysfunction. Therefore, the request was medically necessary.

1 Serum Testosterone Draw: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Testosterone testing protocol. Victoria (BC): British Columbia Medical services omission; 2011 Jun1. 4 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: Conversely, the request for serum testosterone level was not medically necessary, medically appropriate, or indicated here. As noted on page 110 of the MTUS Chronic Pain Medical Treatment Guidelines, routine testing of testosterone levels in applicants taking opioids is not recommended. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that an endocrine evaluation and/or testosterone levels should be considered in applicants who are taking long-term high dose opioids, who exhibits symptoms or signs of hypogonadism, such as gynecomastia, here, however, there was no mention of the applicant's having any gynecomastia on the April 29, 2015 office visit at issue. The applicant's BMI was 23, it was incidentally noted on that date. It was further noted that the applicant did not appear to have been using any opioids on a historical urology note of July 28, 2015. The attending provider made no mention of what (if any) opioids the applicant was using on April 29, 2015 office visit at issue. The applicant's presentation was not, in short, suggestive or evocative of hypogonadism for which testosterone level/testosterone draw would have been indicated. Therefore, the request was not medically necessary.