

Case Number:	CM15-0144606		
Date Assigned:	08/05/2015	Date of Injury:	10/11/2010
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
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: North Carolina
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 60-year-old male, who sustained an industrial injury on 10-11-10. The injured worker was diagnosed as having cervical herniated nucleus pulposus, cervical radiculopathy, and cervical facet syndrome. Treatment to date has included cervical epidural injections, cervical medial branch radiofrequency ablation, physical therapy, a home exercise program, and medication including Fentanyl, Norco, Lyrica, and Nortriptyline. Currently, the injured worker complains of neck pain. The treating physician requested authorization for a testosterone level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=16326>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, testosterone levels.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The up-to date guidelines states that testosterone levels are indicated in the evaluation of potential hypogonadism. Long-term opioid use can cause low testosterone. The California MTUS however states that testosterone replacement due to long-term opioid use is indicated in very limited circumstances. The patient has no overt symptoms of low testosterone and therefore the request is not medically necessary.