MAXIMUS Federal Services

Case Number:	CM15-0169852		
Date Assigned:	09/10/2015	Date of Injury:	12/23/1999
Decision Date:	10/08/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male who sustained an industrial injury on 12-23-99. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic lumbar spine pain and right lower extremity pain and radiculopathy on an industrial basis and post lumbar spine surgery syndrome. Medical records dated 8-10-15 did not indicate a pain rating based upon the visual analog scale. Provider documentation dated 8-10-15 noted the work status as disabled. Treatment has included Norco, status post lumbar spinal fusion, epidural steroid injection; Opana extended release, Percocet, acupuncture treatment, home exercise program, Celebrex, Fentanyl, Ibuprofen, Morphine, Naprosyn, Toradol, Tylenol, Ultram, and Vicodin. Objective findings dated 8-10-15 were notable for right lower extremity favored, right sided hip flexion weaker against resistance compared to left, mild tenderness to palpation. The treating physician indicates that the urine drug testing result (7-15-15) showed no aberration. The original utilization review (8-24-15) partially approved Acupuncture evaluation and treatment for the low back x 12 and laboratory work: Testosterone testing x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture eval and treat for the low back x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant has a remote history of a work injury in December 1999 and is being treated for back pain after falling 2 feet from scaffolding. He underwent a lumbar fusion and is being treated with opioid medications on a long-term basis. When seen, he was feeling fatigued and anxious and was requesting testosterone testing. Physical examination findings included transitioning carefully and walking stiffly. There was an asymmetric gait. There was increased paraspinal muscle tone with mild tenderness and equivocal right straight leg raising. His BMI was 36. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Lab work: Testosterone testing x 2: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The claimant has a remote history of a work injury in December 1999 and is being treated for back pain after falling 2 feet from scaffolding. He underwent a lumbar fusion and is being treated with opioid medications on a long-term basis. When seen, he was feeling fatigued and anxious and was requesting testosterone testing. Physical examination findings included transitioning carefully and walking stiffly. There was an asymmetric gait. There was increased paraspinal muscle tone with mild tenderness and equivocal right straight leg raising. His BMI was 36. Testosterone replacement for hypogonadism related to opioid use can be recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In this case, a single testosterone level is appropriate. Requesting two tests without having the results of the first is not medically necessary.