

Case Number:	CM15-0184589		
Date Assigned:	09/25/2015	Date of Injury:	05/07/2010
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Urology

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(n) 70 year old male, who sustained an industrial injury on 5-7-10. The injured worker was diagnosed as having chronic left knee pain, facet joint syndrome. Medical records (6-11-15 through 7-9-15) indicated chronic pain in his back and bilateral knees, depressions and erectile dysfunction. Treatment to date has included a vacuum erection device system and psychotherapy. As of the PR2 dated 8-17-15, the injured worker reports unable to achieve erections and maintain erections for many years. It is worse with Cymbalta. He has tried Viagra with "partial" success and Cialis and Levitra without improvement. The treating physician requested Testosterone pellet #1 and hormone pellet implantation. On 8-28-15, the treating physician requested a Utilization Review for Testosterone pellet #1 and hormone pellet implantation. The Utilization Review dated 9-2-15, non-certified the request for Testosterone pellet #1 and hormone pellet implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone pellet #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AUA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Society for Endocrinology Position Statement on Male Hypogonadism and Ageing: http://www.endocrinology.org/policy/docs/12-10_HypogonadismAndAgeing.pdf2. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline: <http://www.ncbi.nlm.nih.gov/pubmed/20525905>.

Decision rationale: National Endocrine Society and Medicare criteria for the coverage of testosterone pellets have not been met. Specifically, two low morning total testosterone levels and FSH and LH levels have not been documented.

Hormone pellet implantation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AUA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Society for Endocrinology Position Statement on Male Hypogonadism and Ageing: http://www.endocrinology.org/policy/docs/12-10_HypogonadismAndAgeing.pdf2. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline: <http://www.ncbi.nlm.nih.gov/pubmed/20525905>.

Decision rationale: National Endocrine Society and Medicare criteria for the coverage of testosterone pellets have not been met. Specifically, two low morning total testosterone levels and FSH and LH levels have not been documented.