

<b>Case Number:</b>	CM15-0186688		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California  
 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 53-year-old male, who sustained an industrial injury on 3-7-12. Medical records indicate that the injured worker is undergoing treatment for low back pain, bilateral leg pain, congenital spinal canal stenosis and weakness of the lower extremities, myofascial pain, chronic pain syndrome, urinary dysfunction, erectile dysfunction and reactive depression. The injured worker was not currently working. On (8-7-15 and 7-24-15) the injured worker complained of chronic back pain, which radiated to the bilateral lower extremities with a numbness and tingling sensation in his feet. The pain was rated 8 out of 10 on the visual analogue scale. Objective findings include tenderness to palpation over the bilateral lower lumbar spine facet joints. Range of motion of the lumbar spine was decreased and painful. Strength and sensation were within normal limits. A straight leg raise test noted tightness in the low back. Treatment and evaluation to date has included medications, lumbar epidural steroid injections, electrodiagnostic studies, MRI, physical therapy and psychiatric assessments. Current medications include Escitalopram and Lidopro ointment. The request for authorization dated 8-7-15 included a request for one serum testosterone level. The Utilization Review documentation dated 8-24-15 non-certified the request for one serum testosterone level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Serum Testosterone level Qty 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Diagnostic Evaluation of Erectile Dysfunction THOMAS A. MILLER, CAPT, MC, USN, Uniformed Services University of the Health Sciences, Bethesda, Maryland Am Fam Physician. 2000 Jan 1;61(1):95-104.

**Decision rationale:** Chronic use of opioids can reduce testosterone levels. The claimant was on opioids in the past but not recently. The claimant had over 6 months of erectile dysfunction. Based on the referenced literature, the request for testosterone levels to determine contribution to dysfunction is medically necessary.