

Case Number:	CM15-0223357		
Date Assigned:	11/19/2015	Date of Injury:	12/01/1999
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/13/2015

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 56 year old male, who sustained an industrial injury on 12-1-1999. The injured worker is undergoing treatment for low back pain, post laminectomy syndrome. The treatment and diagnostic testing to date has included: urine drug screen (7-1-15), medications, lumbar surgery (date unclear), EKG (date unclear), exercise treadmill test and myocardial perfusion scan (date unclear), holter monitoring (date unclear), chest x-ray (date unclear). Medications have included: Fetzima, Inderal, Percocet, soma, valium. Methadone is noted to have been started on 10-1-15. On 9-9-15, he reported low back pain rated 7 out of 10. On 10-1-15, he reported low back pain. He rated the pain 10 out of 10. He indicated there to be stiffness, numbness and pain in both legs. Past medical history included hepatitis. Objective findings revealed decreased muscle strength in the right lower extremity; decreased light touch sensation bilaterally at L5 dermatome, decreased bilateral patellar and Achilles reflexes; positive left straight leg raise testing, positive pelvic thrust bilaterally, positive faber and gaenslen's maneuvers bilaterally, positive patricks and pelvic rock maneuver's bilaterally, and pain with palpation in the lumbosacral area. Current work status: unclear. The request for authorization is for: Testosterone free and total, CMP, CBC. The UR dated 10-12-2015: non-certified the request for Testosterone free and total, CMP, CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Free and Total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18594186>.

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

Decision rationale: The claimant sustained a work injury to the low back with date of injury in December 1999. He has a history of a cervical disc replacement with adjacent segment anterior decompression and fusion. X-rays of the cervical spine in April 2015 showed expected postoperative findings without evidence of loosening or failure of the hardware. He has back pain and difficulty swallowing. He had two sacroiliac joint injections with almost 100% resolution of his lumbar spine pain after the first injection with worsening symptoms after the second. When seen in October 2015 he was having low back and bilateral leg pain which was rated at 10/10. Medications were providing substantial benefit without side effects. Active medications were Inderal, Percocet, Soma, Valium, and Fetzima. Physical examination findings included a body mass index of 29. He had decreased right lower extremity strength and decreased bilateral lower extremity sensation. Straight leg raising was positive bilaterally. Sacroiliac joint tests were positive. He had pain over the lumbar facet joints. The treatment plan references having low dose methadone. Lab testing was ordered. Routine testing of testosterone levels in men taking opioids is not recommended. Testosterone levels can be considered in men who are taking long term, high dose oral opioids and who exhibit symptoms or signs of hypogonadism. In this case, there are no reported signs or symptoms of hypogonadism and the claimant is not taking high dose opioid medication. The requested testosterone testing is not considered medically necessary.

CMP: 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

Decision rationale: The claimant sustained a work injury to the low back with date of injury in December 1999. He has a history of a cervical disc replacement with adjacent segment anterior decompression and fusion. X-rays of the cervical spine in April 2015 showed expected postoperative findings without evidence of loosening or failure of the hardware. He has back pain and difficulty swallowing. He had two sacroiliac joint injections with almost 100% resolution of his lumbar spine pain after the first injection with worsening symptoms after the second. When seen in October 2015 he was having low back and bilateral leg pain which was

rated at 10/10. Medications were providing substantial benefit without side effects. Active medications were Inderal, Percocet, Soma, Valium, and Fetzima. Physical examination findings included a body mass index of 29. He had decreased right lower extremity strength and decreased bilateral lower extremity sensation. Straight leg raising was positive bilaterally. Sacroiliac joint tests were positive. He had pain over the lumbar facet joints. The treatment plan references having low dose methadone. Lab testing was ordered. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In this case, if the claimant were being prescribed an NSAID medication or surgery was pending, then specific tests could be considered. However, an NSAID medication is not being prescribed and there is no scheduled major surgical procedure. There is no rationale as to why these tests are needed or how the result would be used in the claimant's treatment. The requested lab testing is not medically necessary.

CBC: 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

Decision rationale: The claimant sustained a work injury to the low back with date of injury in December 1999. He has a history of a cervical disc replacement with adjacent segment anterior decompression and fusion. X-rays of the cervical spine in April 2015 showed expected postoperative findings without evidence of loosening or failure of the hardware. He has back pain and difficulty swallowing. He had two sacroiliac joint injections with almost 100% resolution of his lumbar spine pain after the first injection with worsening symptoms after the second. When seen in October 2015 he was having low back and bilateral leg pain which was rated at 10/10. Medications were providing substantial benefit without side effects. Active medications were Inderal, Percocet, Soma, Valium, and Fetzima. Physical examination findings included a body mass index of 29. He had decreased right lower extremity strength and decreased bilateral lower extremity sensation. Straight leg raising was positive bilaterally. Sacroiliac joint tests were positive. He had pain over the lumbar facet joints. The treatment plan references having low dose methadone. Lab testing was ordered. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In this case, if the claimant were being prescribed an NSAID medication or surgery was pending, then specific tests could be considered. However, an NSAID medication is not being prescribed and there is no scheduled major surgical procedure. There is no rationale as to why these tests are needed or how the result would be used in the claimant's treatment. The requested lab testing is not medically necessary.