

Case Number:	CM15-0032156		
Date Assigned:	02/25/2015	Date of Injury:	07/30/2008
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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 51 year old male, who sustained a work/ industrial injury on 7/30/08 while working as a sales associate while lifting large stones for a display. He has reported symptoms of lumbar pain, initially unable to get out of bed. Prior medical history includes hypertension. Surgery included lumbar spine fusion on 7/22/09. Hardware removal was done on 3/24/10. The diagnoses have included chronic persistent low back pain, failed back fusion, central canal stenosis mild L4-5 and moderate L3-4 with bilateral neuroforaminal stenosis. Mild to moderate L3-4 and L4-5 lumbar radiculopathy, and opioid induced hypogonadism. Treatments to date included physical therapy, steroid epidural injections, medications, and surgeries. Diagnostics included Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans. Medications included use of Androgel, Ibuprofen Miralax, and Cymbalta. The treating physician's report (PR-2) from 1/26/15 indicated the IW remained symptomatic with low back pain which had improved since the previous visit with use of oral steroid medication. The pain was rated 3/10 at rest and 9/10 without medications. The exam revealed lower extremity muscle weakness of the anterior tibialis on the left, peroneus longus/brevis on the left, and extensor hallucis longus bilaterally. There was a slight sensory decrease at the left anterolateral thigh, an absent Achilles reflex on the left. A request for a 1 testosterone panel was requested. On 2/10/15, Utilization Review non-certified a Repeat testosterone panel to include Testosterone, Free (Dialysis) and total Cc/Ms/Ms; Testosterone, Free, Bioavailable and Total, Lc/Ms/Ms; Testosterone, Free, Lc/Ms/Ms; Testosterone, Total (Males), Immunoassay; Testosterone, Total,

Lc/Ms/Ms; PSA, Free and Total; Hemoglobin and Hematocrit, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat testosterone panel to include Testosterone, Free (Diaysis) and total Cc/Ms/Ms; Testosterone, Free, Bioavaiable and Total, Lc/Ms/Ms: Testosterone, Free, Lc/Ms/Ms; Testosterone, Total (Males), Immunoassay; Testosterone, Total, Lc/Ms/Ms; PSA, Free and Total; Hemoglobin and Hematocrit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement and hpogonadism Page(s): 110.

Decision rationale: According to the guidelines, chronic opioid use can lead to hypogonadism and low testosterone. Testosterone replacement is recommended in those taking high dose opioid and have low testosterone. In this case, the claimant is no longer on opioids. He has been on testosterone replacement for years with no recent levels evaluation. Long-term use of testosterone has not been studied. Since there is no evidence of long-erm use and the claimant is not on opioids, testosterone replacement is not necessary and therefore the lab tests in question are not medically necessary.