

Case Number:	CM15-0046243		
Date Assigned:	03/18/2015	Date of Injury:	07/18/2011
Decision Date:	05/11/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 07/18/2011. He has reported subsequent back, neck and lower extremity pain was diagnosed with lumbar strain/sprain, thoracic vertebral fracture and costovertebral osteoarthritis. Treatment to date has included oral and topical pain medication, physical therapy and surgery. In a progress note dated 12/09/2014, the injured worker complained of sexual dysfunction. The physician noted that an authorization for testosterone level was being made to delineate the possible cause for erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Level: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism Page(s): 110. Decision based on Non-MTUS Citation The U.S. Dept of Health and Human Services Guideline Clearinghouse has the following regarding serum Testosterone testing.

Decision rationale: The patient presents on 01/15/15 with unrated pain in the neck and lower back, and thoracic pain rated 3-4/10, which radiates into the left scapular region. Patient also complains of intermittent right facial swelling. The patient's date of injury is 07/18/11. Patient is status post posterior metallic fusion of the upper thoracic and thoracolumbar region, thoracotomy and tracheal repair, and status post right shoulder arthroscopic repair of the subscapularis tendon. The request is for testosterone level. The RFA is dated 01/27/15. Physical examination dated 01/15/15 reveals spasms in the cervical paraspinal muscles, dyesthesia to light touch in the right mid thoracic paraspinal and right scapular region. Provider notes healed surgical scar in the lower cervical and upper thoracic region. The patient is currently prescribed Ibuprofen. Diagnostic imaging included X-ray of the chest dated 11/07/14 shows prior right and left chest wall trauma with significant pleural reaction and instrumentation from thoracic/thoracolumbar fusion surgery. Per 01/15/15 progress note, patient is advised to return to work with modifications on 04/30/15. MTUS Chronic Pain Medical Treatment Guidelines page 110 has the following regarding serum Testosterone lab tests under Testosterone Replacement for Hypogonadism: " Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be Testosterone considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia." The U.S. Dept of Health and Human Services Guideline Clearinghouse has the following regarding serum Testosterone testing: "General screening for testosterone deficiency in men is not recommended but should be guided by medical history and clinical examination. Erectile dysfunction by itself is not an indication for testosterone testing. In the presence of erectile dysfunction with decreased libido and/or testicular atrophy, serum testosterone testing is indicated." In regard to the request for a laboratory examination of this patient's testosterone levels, the patient does not meet guideline criteria for such testing. Progress notes indicate that this patient suffers from erectile dysfunction of an unknown etiology, the provider is requesting serum testosterone labs to rule out hypogonadism as the causative factor. MTUS guidelines support serum testosterone labs in patient's taking chronic opioids who present with gynecomastia or testicular atrophy, though this patient is not currently taking opioid medications and the examination findings do not document physical symptoms of hypogonadism aside from erectile dysfunction. Additionally, the U.S. Department of Health and Human Services Guideline Clearinghouse testosterone testing protocols do not support serum Testosterone levels in patients who present with erectile dysfunction alone. Without physical findings indicative of hypogonadism or medications, which could potentially cause testicular atrophy, the necessity of such lab tests cannot be substantiated. Therefore, the request is not medically necessary.