

Case Number:	CM14-0132608		
Date Assigned:	08/22/2014	Date of Injury:	02/24/2001
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 72 year old male who reported injury on 02/26/2001 due to applying pressure to loosen a stuck part and he heard a crack in his neck. The diagnoses include cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropathy, lumbar radiulitis, osteoarthritis of bilateral knees and status post left knee replacement. His past treatments include medications, acupuncture, physical therapy, lumbar epidural steroid injection, and cervical epidural steroid injection. His diagnostic testing included an MRI in 2010 and 2011 and a myelogram in 2012. The injured worker's surgical history consist of a bilateral knee arthroscopy, left knee replacement, right foot surgery, right hand surgery, back surgery at L3-4 in 2007 and neck surgery at C3-4 in 2011. On 07/18/2014 the injured worker complained of constant neck pain radiating down the right upper extremity that is associated with bilateral occipital headaches, difficulty sleeping and constant low back pain that radiates down the lower extremity in the knees. The injured worker described his pain levels at 9/10 with meds and 10/10 without medications. The physical exam findings included his pain improved with sitting, he had limitations with activities of daily living, walking, hand function, physical activity and self-care deficit. At the cervical spine he had tenderness at C5-7 and range of motion was limited due to pain with flexion, extension and rotation. He has decreased sensation in the right upper extremity dermatone at C5-7 and his lumbar range of motion was limited with increased pain with right and left bending and flexion and extension. Medications included Methadone 5mg, Butrans 5mcg, Advil 200mg, Flomax 4mg, Lexapro 10mg and Losartan 12.5mg. There was not a treatment plan, a rationale for the request, nor a request for authorization form provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Level Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Test Online Peer-Reviewed Non-Commercial Patient Centered A Public Resource On clinical Lab Testing From The Laboratory Professional That Do The Test last updated 1/28/12 <http://labtestonline.org/understanding/analytes/testosterone/tab/test>.

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

Decision rationale: The request for a Testosterone level test is not medically necessary. The injured worker has a history of cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropathy, lumbar radiculitis, osteoarthritis of bilateral knees and status post left knee replacement. The California MTUS guidelines state routine testing of testosterone levels in men taking opioids is not recommended. However testosterone levels should be considered in men who are taking long term high dose oral opioids or intrathecal opioids, who exhibit signs or symptoms of hypogonadism. The injured worker was noted to have been taking opioids for an extended period of time. However, there was no documentation showing signs or symptoms of hypogonadism. Therefore the request for testing testosterone levels is not supported. As such, the request for a Testosterone level test is not medically necessary.