MAXIMUS Federal Services

Case Number:	CM14-0176121		
Date Assigned:	10/29/2014	Date of Injury:	11/06/2001
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 54 years old male with an injury date of 11/06/01. The 10/03/14 report by [redacted] states that the patient presents with lower back pain described as aching, burning, stabbing, tearing, throbbing and shooting down the legs with nerve pain and back stiffness. Pain is rated 6/10. Examination shows lumbar sacral spine pain radiating to the pelvis are and upper legs with positive straight leg raise.S1 and L5 dermatome show decreased light touch sensation bilaterally. Lumbosacral exam reveals pain to palpation over the L4 to L5 and L5 to S1 hardware bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. The patient's diagnoses include:Erectile Dysfunction.Postsurgical changes with evidence of prior posterior fusion from the L4 to S1 level.Mild congenital narrowing due to short pedicles at L4 and L3Diffuse disc bulge at T12-L1, L1-2, L2-3."LA"-5 level of the fusion. There is facet joint hypertrophyL5-S1 2-3 mm left central foraminal disc bulge.Continuing medication is listed as Methadone, Motrin, Norco, Testosterone Cypionate, and Viagra. The utilization review being challenged is dated 10/16/14. The rationale is that while the request is not discussed, it appears to be related to testosterone injections for the patient. Since it cannot be determined if the injections will benefit the patient the request for the 25 G needle cannot be supported. Reports from 04/08/14 to 10/09/14 are provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle 25G 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

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

Decision rationale: The patient presents with lower back pain and back stiffness with pain radiating to the legs rated 6/10. The treater requests for needle 25g. The reports provided show Testosterone Cypionate 200 mg/cc injection solution (Inject 1 ml intramuscularly every two weeks) in the treatment plan. This medication shows as started 07/15/12 and the reports provided since 04/08/14 show this as an active medication. ODG guidelines Pain Chapter, Testosterone replacement treatment for hypogonadism topic, states, "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels."The treater does not discuss this request. It is not completely clear that the request is associated with the Testosterone Cypionate injections. The reports provided do show this as an ongoing medication and the treater's office sent ODG guidelines for Testosterone replacement in support of a treatment request on 10/09/14. Furthermore, the utilization review evaluated the request based on this reason following review of the files. In this case, the reports show opioid use by the patient since at least 04/08/14. The current request refers to the use of a 25g needle for testosterone injection. If Testosterone injections are medically required, and it appears so based on diagnosis and long-term high dose opiate use, then the use of the needle would be appropriate. The request is medically necessary.