

Case Number:	CM14-0181747		
Date Assigned:	11/06/2014	Date of Injury:	12/20/2001
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 20, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; and ongoing treatment with an urologist, who is apparently addressing a variety of the applicant's derivative urology complaints. In a utilization review report dated September 30, 2014, the claims administrator approved a request for a penile prosthesis, approved a cardiology clearance, approved a CBC, approved a chem-7 panel, approved an EKG, denied prolactin, and denied a PSA. The claims administrator stated that it was basing its decision on non-MTUS Guidelines on erectile dysfunction. The text for these guidelines was not provided, nor was these guidelines incorporated into the body of the claims administrator's utilization review report. The claims administrator stated that it was basing its decision on the September 24, 2014, request for authorization (RFA) form and associated progress notes, neither of which was apparently incorporated into the independent medical review packet. In an April 2, 2014, progress note, the applicant reported ongoing complaints of low back pain. The attending provider complained that the claims administrator had denied the penile prosthesis on causation grounds. The applicant was using Celebrex, Flexeril, Lunesta, Nexium, and Norco, it was acknowledged. The applicant did not appear to be working with permanent limitations in place. In an April 15, 2014, progress note, it was noted that the applicant had a variety of issues with diabetes, chronic low back pain, urinary urgency, and urge incontinence. The applicant's medication list at this point included Celebrex, diltiazem, Nexium, Lunesta, Glucotrol, insulin, Glucophage, Altace, Crestor, testosterone injections, and Viagra. It was stated that the applicant was a good candidate for a sacral neurostimulation implant for his overactive bladder management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolactin, PSA: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Merck Manual, Professional Edition, Male Hypogonadism Chapter

Decision rationale: The MTUS does not address the topic. However, the Merck Manual does note that applicants taking supplemental testosterone should be monitored periodically, with testing which includes PSA testing every six months on the grounds that supplemental testosterone can influence PSA levels. Similarly, the Merck Manual also espouses the position that testing to help determine the cause of secondary hypogonadism should include a serum prolactin level. Here, the applicant has apparently alleged development of hypogonadism secondary to low testosterone levels, it was suggested on an April 2014 progress note, referenced above. Evaluating the applicant's prostate specific antigen and/or prolactin levels to ensure that ongoing usage of testosterone is not unduly influencing these parameters is, consequently, indicated. Therefore, the request is medically necessary.