

<b>Case Number:</b>	CM13-0061628		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/29/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 56 year old male who sustained an industrial injury on March 29,1999. He has reported low back pain and has been diagnosed with degenerative spondylosis of the lumbar spine. Treatment has included surgery, medications, and physical therapy. Currently the injured worker continues with pain that interferes with his level of physical activity. There was muscle spasm noted in the lumbar paraspinal muscles and positive guarding of the right lower extremity. The treatment request included testosterone replacement therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone replacement therapy, quantity 1:** Upheld

**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 <https://online.epocrates.com/AndroGel> testosterone topical and Testosterone Deficiency.

**Decision rationale:** Epocrates states "Early morning serum total testosterone level below 300 nanograms/dL on at least two separate occasions in a symptomatic man generally confirms the diagnosis of hypogonadism. Testosterone should be measured in all men with erectile dysfunction. Measurement of the gonadotropins (LH and FSH) distinguishes between a primary and a secondary cause." The treating physician has not provided the above required labs and has not detailed how the testosterone deficiency is related to the industrial injury. The treating physician does not document evidence of low testosterone levels. It is unclear why the request for testosterone replacement therapy is necessary. As such, the request for Testosterone replacement therapy, quantity 1 is not medically necessary.