MAXIMUS Federal Services

Case Number:	CM15-0121726		
Date Assigned:	07/02/2015	Date of Injury:	09/06/2014
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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: Chiropractic

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 54 year old male, who sustained an industrial injury on 11/06/2001. The medical records submitted for this review did not include the details regarding the initial injury or the prior treatments to date. Diagnoses include chronic discogenic spinal pain with prior discectomy and fusion, failed back surgery syndrome, erectile dysfunction, and worsening disc disruption of the lumbar spine. Currently, he complained of ongoing low back pain with radiation down bilateral lower extremities. Pain is rated 4/10 VAS with medication. There was documentation of a 60% reduction of pain with medications. On 5/1/15, the physical examination documented the injured worker was noted to be in moderate distress and discomfort with the examination. The lumbar spine demonstrated a positive straight leg raise test with tenderness and muscle spasms. The plan of care included continuation of medication management. The appear request was to authorize Testosterone Cypionate injection 200mg-cc injections, 1mL every two weeks #10 mL with two refills and needle 25 Gauge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice a week for 6 weeks for the cervical spine, lumbar spine, and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: The patient was injured on 11/06/01 and presents with back pain. The request is for TESTOSTERONE CYPIONATE INJECTION 200 MG-CC INJECTION, 1 ML EVERY TWO WEEKS #10ML WITH 2 REFILLS. The RFA is dated 05/01/15 and the patient is working without restrictions. The patient has had this injection as early as 12/01/14. Inject 1 ml intramuscularly every two weeks.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. The patient is diagnosed with chronic discogenic spinal pain with prior discectomy and fusion, failed back surgery syndrome, erectile dysfunction, and worsening disc disruption of the lumbar spine. As of 05/01/15, the patient is taking Gabapentin, Methadone, Motrin, Nuvigil, Viagra, and Xanax. There is no indication of how prior testosterone injections have impacted the patient. Although the patient is diagnosed with erectile dysfunction, there are no laboratory tests documenting patient's testosterone levels. Due to lack of documentation, the request IS NOT medically necessary.