

Case Number:	CM15-0070637		
Date Assigned:	04/20/2015	Date of Injury:	12/06/2010
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial/work injury on 2/6/10. He reported initial complaints of back and knee pain. The injured worker was diagnosed as having lumbosacral disc degeneration and right knee joint pain. Treatment to date has included medication, pain management specialist consultation, chiropractic therapy, epidural steroid injections, facet joint injection, heat/ice, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, trigger point injection, Sinvisc injection, and surgery to right knee. MRI results were reported on 8/6/12. Currently, the injured worker complains of unchanged pain and decreased 5/10 pain in the lumbar spine described as aching, burning, dull, sharp, shooting, and spasm. Pain is unchanged and 1/10 in the left knee described as aching. Pain in the right knee was unchanged and 2/10. Pain in the right foot is dull and numb and rated 1/10. Medication decreases pain and increases ability to function. Per the pain management physician's report on 1/28/15, examination revealed tenderness lateral in the right hip, arthritic in the right knee, medial pain in the right knee, and 2+ reflexes. The requested treatments include Labs: complete blood count (CBC), complete metabolic profile (CMP), testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC, CMP, testosterone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, chronic opioid use can lead to hypogonadism. Since it is metabolized by the liver, those with increased risk of liver disease should be monitored for liver function. In this case, there is no mention for concern of liver disease. There is no mention of sexual dysfunction or hypogonadism on exam indicating need to test testosterone level. There is no mention of bleeding risk or infection requiring a CBC. The request for the tests above is not medically necessary.