

<b>Case Number:</b>	CM14-0030771		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, knee, and testicular pain reportedly associated with an industrial injury of December 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; reported diagnosis with lumbar radiculopathy on the strength of electrodiagnostic testing, per the claims administrator; and unspecified amounts of physical and chiropractic manipulative therapy over the life of the claim. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for a testicular ultrasound. The rationale for the denial was sparse to nil. The claims administrator cited non-MTUS ODG Guidelines from the hernia chapter in its denial. Rather than furnishing an applicant-specific rationale, the claims administrator simply stated that the applicant did not meet guidelines cited above. The applicant's attorney subsequently appealed. A January 27, 2014 progress note was notable for comments that the applicant reported 2-3/10 continuing low back and testicular pain. It was stated that the applicant needed the testicular ultrasound for diagnostic purpose and that he would follow up with a urologist for testicular pain. It was stated that the applicant was eager to return to gainful employment. In a December 16, 2013 progress note, the applicant reported 3-4/10 pain. It was stated that the applicant had consulted a urologist who had recommended a testicular and scrotal ultrasound. In a urology report dated January 5, 2014, the applicant was given a diagnosis of scrotal pain/pain about the right hemiscrotum with standing and prolonged activity. The applicant was reportedly status post inguinal hernia repair surgery, it was stated. The applicant had apparently normal sized and shaped testicles, it was stated. A testicular ultrasound was apparently endorsed for scrotal pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the testicular and scrotum region:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia (updated 07/08/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Guideline for the Performance of Scrotal Ultrasound Examinations.

**Decision rationale:** The MTUS does not address the topic. As noted by the American College of Radiology (ACR), indications for a scrotal ultrasound include evaluation of scrotal pain, evaluation of possible varicoceles, evaluation of scrotal masses, and/or evaluation of testicular trauma or other scrotal disease, and/or evaluation of an occult testicular tumor. In this case, the applicant has persistent scrotal and testicular pain issues. A clear etiology for the same has not been established. Neither the applicant's primary treating provider nor the applicant's urologist have been able to uncover any clear etiology for the applicant's present testicular pain complaints. Ultrasound imaging to further evaluate the source of the same is indicated. Therefore, the request is medically necessary