

Case Number:	CM14-0194561		
Date Assigned:	12/15/2014	Date of Injury:	08/09/2007
Decision Date:	03/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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: Texas, Arizona
 Certification(s)/Specialty: Surgery, Plastic Surgery

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 47-year-old male who reported an injury on 08/09/2007. The mechanism of injury was not included in the documentation submitted for review. His diagnoses include degenerative disc disease of the lumbar spine, acquired spondylolisthesis, lower leg degenerative disc disease of the knee, and other testicular dysfunction. His past treatments have included medications. Diagnostic studies included a urine drug screen. His surgical history includes a left simple orchiectomy performed on 06/03/2014. The injured worker presented on 11/04/2014 with complaints of radiating low back pain into his left testicle. The injured worker stated the pain has increased by approximately 15% since his last visit, and characterized the pain as constant, aching, shooting, throbbing, and dull. Upon physical examination of the lumbar spine, the injured worker was noted to have spasm in the lumbar paravertebral musculature. Tenderness to palpation was noted in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Range of motion of the lumbar spine was restricted. Upon forward flexion, range of motion was limited to 50 degrees, flexion was at 20 degrees, right lateral flexion was at 20 degrees, left lateral flexion was at 20 degrees, sensations were equal in both lower extremities, and motor strength was 5/5 bilaterally. Left sided scrotal edema had improved significantly. The surgical scar appeared well healed. The small area of induration persists; however, there was no erythema or edema noted. The injured worker continues to have pain, particularly at night when rolling over and the injured worker placing pressure on the scrotum. However, the pain medications do decrease his overall level of pain and improve function. The treatment plan included a followup in 1 month and a request for repeat surgery for removal of painful scar tissue

in the injured worker's left scrotum. His current medication regimen included Norco 10/325 mg tablets. The rationale for the request is that the scar is painful and has a significant impact of the injured worker's life. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excise Scrotal Scar Tissue: 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 Other Medical Treatment Guideline or Medical Evidence: Garg, S., Dahiya, N., & Gupta, S. (2014). Surgical scar revision: An overview. *Journal of cutaneous and aesthetic surgery*, 7(1), 3.

Decision rationale: The request for excise scrotal scar tissue is not medically necessary. The injured worker has low back and scrotal pain. Peer reviewed literature states in an article by S. Garg, et al, 2014 scars are classified into mature scar, immature scar, linear hypertrophic scar, widespread hypertrophic scar, minor and major keloid scars. Furthermore, there are multiple therapies existing to treat scars and keloids, including injectable with intralesional agents, cryotherapy and non-ablative lasers and any combination thereof. The documentation submitted for review failed to provide evidence of the injured worker's mechanism of injury and other therapies prior to the consideration of surgery. Given the above, the request for excise scrotal scar tissue is not medically necessary.