

<b>Case Number:</b>	CM15-0147267		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: North Carolina  
 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 47 year old male who sustained an industrial injury on 05-08-2014. The injury occurred when he fell 18 feet from a roof onto a concrete floor, landing in a seated position. According to a progress report dated 06-10-2015, the injured worker presented with bladder issues. Following his injury, he immediately began to have pain in the left inguinal area without swelling. Pain would radiate into the testis on occasion. Pain was slowly improving. He had demonstrated a tear of the left acetabular labrum by MRI arthrogram. Soon after the injury, the injured worker noted a weakened urinary stream, the need to strain to void, dysuria and supra pubic pain with urinary frequency, nocturia and a feeling of incomplete bladder emptying. He had no hematuria, flank pain or stone passage. Erectile function was normal. Physical examination of the male genitourinary, abdomen and femoral and inguinal lymphatic's demonstrated no abnormal findings. Diagnoses included neurogenic bladder. The provider suspected spinal disease as an explanation for poor bladder emptying. The treatment plan included blood work, urinalysis, post void residual, MRI of pelvis with and without contrast, start Flomax and MRI of the scrotum with and without contrast. An authorization request dated 06-22-2015 was submitted for review. The requested services included Flomax 1 pill daily #30 with 11 refills. Currently under review is the request for Flomax #30 with 11 refills and MRI of the scrotum with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flomax #30 with 11 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre for acute and chronic conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, flomax.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the alleviation of voiding symptoms in patients with such diagnosis as BPH. The patient has documented delayed and incomplete urinary voiding and therefore the request is medically necessary.

**MRI of the scrotum with and without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of radiology (ACR); 2013 10p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, MRI genitourinary.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines states that MRI of the scrotum is only indicated in evaluation of trauma and anatomic defects not able to be detected through ultrasound. The provided medical records do not meet these criteria and therefore the request is not medically necessary.