MAXIMUS Federal Services

| Case Number: | CM15-0030833 | | |
|---|---|---|---|
| Date Assigned: | 02/24/2015 | Date of Injury: | 08/09/2007 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

## 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: Urology

## 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 with an industrial injury dated 08/09/2007. Diagnoses included degenerative disc disease, lumbar; knee/lower leg degenerative joint disease, acquired spondylolisthesis and testicular pain. Patient underwent lumbo-sacral spine surgery 8/9/07. He underwent left spermatic cord denervation 3/1913 and left orchiectomy 7/2014. He presents on 01/26/2015 with low back and left testicle pain, which he rated at 8/10. He states that the morphine prescribed to him 2 weeks ago had not helped with his pain. Physical examination noted tenderness and hard knot in left scrotum. There was tenderness in the lumbar spine area with limited range of motion. Morphine was discontinued and he was started on Topamax. The provider also requests authorization for revision surgery for left testicle with urology. The provider notes there is a signed opioid agreement. Urine drug screen and CURES reports are consistent. The request is for revision surgery for left testicle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Surgery for Left Testicle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hernia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Chronic orchialgia: evaluation and discussion of treatment options: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3126083/2. How to manage testicular/groin pain: Medical and surgical ladder: http://urologytimes.modernmedicine.com/urology-times/content/tags/christopher-m-gonzalez/how-manage-testiculargroin-pain-medical-and-surgic?page=full3. An algorithm for the treatment of chronic testicular pain: http://www.jfponline.com/fileadmin/jfp_archive/pdf/5906/5906JFP_Article3.pdf.

**Decision rationale:** In this case, two surgical procedures (spermatic cord denervation and orchiectomy) have failed to provide long-term relief from orchialgia and it is unlikely that a third surgical procedure (orchiectomy revision) would be successful. More conservative approaches such as peripheral and/or central nerve blocks and psychological counseling may be more beneficial in this case, especially since this may be a type of phantom pain syndrome. Therefore, this request is not medically necessary.