

Case Number:	CM14-0019873		
Date Assigned:	04/28/2014	Date of Injury:	02/23/2010
Decision Date:	07/14/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 Otolaryngology and is licensed to practice in Texas. 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 injured worker is a 48 year old female with a reported date of injury on 02/23/2010. The injury reportedly occurred when she worked near a printer that she believed was toxic. According to the clinical documentation provided, the injured worker was treated with antibiotics for pneumonia in January 2013. According to the clinical note dated 10/21/2013 the injured worker complained of losing her voice due to respiratory problems and multiple complaints of feeling overwhelmed and depressed. The injured worker stated that she felt like she had a bacterial infection in her throat and that the physician was "refusing to give me antibiotics for it". According to the psychiatry note dated 12/30/2013 the injured worker would not speak as she reported that she was suffering from a pulmonary problem. According to the Psychological evaluation dated 02/18/14, the injured worker stated she felt much better than at her last visit, because she felt it was inappropriate for a psychologist to discuss her need to lose weight. The injured worker's diagnoses included generalized anxiety disorder, fibromyalgia, migraines, asthma, HTN, carpal tunnel syndrome, and trigger thumb. The injured worker's medication regimen included Sevela, Effexor XR, and Trazodone. The request for authorization for Botox injections every 4 months (3x per year), chest x-ray, and pulmonary function test and/or CT scan was submitted on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS EVERY 4 MONTHS (3X PER YEAR): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX:MYOBLOC) Page(s): 25-26.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend botox for chronic pain disorders, but does recommend botox for cervical dystonia. The clinical documentation provided lacked evidence of cervical dystonia. In addition the rationale and placement of the botox injections is unclear. Furthermore, the efficacy of the first set of injections would help to establish the medical necessity of further injections; therefore, it is unclear if the injured worker would require repeated injections. Therefore, the request is not medically necessary and appropriate.

CHEST X-RAY: 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 OFFICIAL DISABILITY GUIDELINES (ODG) INFECTIOUS DISEASE, LOWER RESPIRATORY INFECTIONS: PNEUMONIA.

Decision rationale: The Official Disability Guidelines recommend the clinical presentation of pneumonia generally includes cough, fever and pleuritic chest pain. Suggested clinical findings include fever >100 degrees, sputum production, myalgia and night sweats. Abnormal chest exams would include crackles, decreased breath sounds, wheeze and dullness to percussion. The ODG note a chest radiograph should be used to confirm a diagnosis of CAP (looking for an infiltrate). There was not a current CXR that revealed any specific pathology. In addition, there is a lack of documentation in regard to physical examination, which revealed significant pathology related to pulmonary function. The rationale for the request was unclear. Therefore, the request is not medically necessary and appropriate.

PULMONARY FUNCTION TEST AND/OR CT SCAN: 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 OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY, PULMONARY FUNCTION TESTING AND CT.

Decision rationale: The Official Disability Guidelines recommend pulmonary function testing as it can be used to determine diagnosis and provide prognosis. Pulmonary function testing is recommended for diagnosis and management of chronic lung disease. According to the Official Disability Guidelines a CT is the preferred method of establishing the diagnosis of bronchitis. A

CT is recommended as a screening tool for the detection of lung cancer and useful in identifying individuals with severe asthma. The criteria for the pulmonary function test would be based on initial findings of physical pulmonary functional deficit. There is a lack of documentation in regard to a physical examination, which would indicate significant pathology related to pulmonary function. In addition, the need for CT would be based on abnormal CXR data. The rationale for the request is unclear. Therefore, the request is not medically necessary and appropriate.