

Case Number:	CM14-0155450		
Date Assigned:	09/25/2014	Date of Injury:	12/08/2010
Decision Date:	12/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This 43 year old male injured worker had a date of injury 12/6/10 with related bilateral shoulder pain. Per progress report dated 4/10/14, the injured worker complained of bilateral shoulder pain. He reported sudden onset of pain. Pain was described as constant. At its worst it was 6/10, at the time of examination it was 6/10 in intensity. The injured worker used wheelchair as assistive device. Per physical exam, there was tenderness noted over the right anterior acromioclavicular joint and anterior glenoid rim. There was tenderness noted over the left anterior glenohumeral joint. No swelling was noted. Treatment to date has included physical therapy, botox injection, and medication management. The date of Utilization Review (UR) decision was 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 200 Units of Botox Injected Under Video Cystoscopic Guidance for Neurogenic Bladder Condition (Dos 8/16/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna OnabotulinumtoxinA (Botox)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BMC Urol. 2014 Aug 14;14:66. doi: 10.1186/1471-2490-14-66

Decision rationale: The guidelines are silent on the use of Botox injections for neurogenic bladder. With regard to Botox injection, the MTUS CPMTG p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." A search of PubMed noted this is the only study published on the topic of urodynamics predicting efficacy of chemodenervation with botulinum toxin for neurogenic bladder hyperactivity. It is a recent publication in an authoritative urological journal. A pilot prospective study to evaluate whether the bladder morphology in cystography and/or urodynamic may help predict the response to botulinum toxin injection in neurogenic bladder refractory to anticholinergics. [REDACTED]

[REDACTED] Medical necessity cannot be affirmed without urodynamics testing.