

Case Number:	CM14-0062062		
Date Assigned:	07/11/2014	Date of Injury:	05/18/2011
Decision Date:	08/13/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 49-year-old female with a reported date of injury on 05/18/2011. The mechanism of injury occurred when the injured worker was moving a patient to the bathroom with a lift when the machine began to lower in the middle of the room. The injured worker pushed the machine and the wheels got stuck and she felt an immediate pulling and ripping sensation in her abdomen resulting in a prolapsed bladder, intestines and vagina. Examination on 02/05/2014 the patient complained of abdominal pain and a bulge near the umbilicus following an operation in 06/2013. She had no abdominal pain prior to that but occasional nausea. It was reported that she did take Vicodin for her abdominal pain. The injured worker underwent a bladder lift in 06/2013 and surgery from her work related injury in 2012. Medication regimen was not indicated. A CT scan was performed on 10/22/2013 which revealed a ventral incisional hernia, and morbid obesity with comorbidities including hypertension. The recommended treatment at that time was for her to visit a bariatric seminar and possibly undergo a laparoscopic hernia repair. On 02/11/2014, the injured worker had an examination with her primary care physician who reported that the injured worker was to see the hernia surgeon who recommended a Botox injection for the next clinical visit. The physician deferred the physical examination to a specialist. Her diagnoses included abdominal visceral prolapse secondary to an intense Valsalva maneuver while lifting another human being, pelvic fracture as a result of that incident with surgical intervention, urinary and sexual dysfunction, and anxiety and depression. The recommended plan of treatment was for topical compounds and creams to reduce the need for prescription oral drugs, continue the Vicodin, provide her with Laxacin for constipation. On 04/15/2014, the injured underwent Botox injections due to overactive bladder/ neurogenic detrusor overactivity which were poorly responsive to medical therapy with anticholinergics. The injured worker was given 100 units of Botox. The clinical note dated 04/22/2014 noted the

injured worker presented for a follow-up examination after receiving intravesical Botox injections for refractory overactive bladder symptoms with complaints of fever, increased frequency, urgency, incontinence and pelvic pain. The injured worker reported no improvement after the Botox injections; however, the physician noted that the injured worker's symptoms were a sign of the effectiveness of the Botox injection. The provider recommended the injured worker utilize intermittent catheterization twice per day. The provider indicated the injured worker had a urinary tract infection, a culture was performed, and Cipro was prescribed. The Request for Authorization and the rationale for the Botox injections was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cystoscope Botox Injection times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; National Institute of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (botox, myobloc) Page(s): 25-26.

Decision rationale: The California MTUS Guidelines do not usually recommend Botox for chronic pain disorders. The guidelines note Botox injections are not recommended for tension-type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, & trigger point injections. The guidelines recommend Botox injections for cervical dystonia. The guidelines also note Botox injections are recommended for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The request does not specify the site at which the requested injections are to be performed or the number of units being requested for the injections. The injured worker underwent Botox injections on 04/15/2014. Within the clinical note dated 04/22/2014 the provider noted the injections were effective; however, there is a lack of objective data to support the efficacy of the prior injections. There is a lack of documentation indicating how long the efficacy of the injections lasted. Therefore, the request for the cystoscope Botox injection, quantity 2 is not medically necessary and appropriate.

Cystoscopy times 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

