MAXIMUS Federal Services

Case Number:	CM14-0211864		
Date Assigned:	12/24/2014	Date of Injury:	12/02/2013
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 45 year old female with an injury date of 12/02/13. The 11/14/14 report by [redacted] States that the patient presents with episodes of buttock pain with BM occurring in an erratic manner (with urgency and incomplete evacuation.) The patient is not working. Examination shows 2+ tenderness to palpation over the left levator ani. Neurological ROS shows negative for bowel and bladder control changes, impaired coordination/balance, numbness tingling or weakness. The 11/10/14 report cites a review of diagnostic test results of unknown date and states: 1. Mild degenerative changes most pronounced at L4-5 and L5-S1 levels with facet joint hypertrophy 2. There is a 4 mm well corticated bony fragment adjacent to the left greater trochanter that likely represents the sequel of remote trauma. The patient's diagnoses include: 1. Fracture 6th cervical vertebra w/omentation spinal cord injury 2. Sprain,strain, coccyx, back3. Sacral FX (primary encounter diagnoses S3-4 (11/10/14 report)Anoscopy findings are normal. A PET scan is pending. [redacted] is to order another Sacral MRI to rule out further progression of the Sacral Fracture. The patient received a Colorectal surgery consultation 11/13/14. This report is not included. The utilization review dated 11/25/14 denied the request for colonoscopy due to the lack of physical examination findings and neurological findings consistent with bowel and bladders dysfunction. The pudendal nerve study was denied due to lack of clinical data to support the study. The pudendal nerve is located in the pelvis and when malfunctioning May cause urinary or bowel incontinence. MR defecography was denied as it is not addressed by MTUS and ODG and Aetna guidelines consider it experimental and use is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Visits for the Lower Back (Sacrum): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

Decision rationale: The patient presents with buttock pain with BM occurring in an erratic manner i.e. with urgency and incomplete evaluation. 6 Physical Therapy Visits for the Lower Back (Sacrum) per the 11/14/14 RFA. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended.There is no evidence that the patient is within a post-surgical treatment period. The request is for Pelvic Floor therapy to help with levator ani pain. In this case, the patient experiences lower back and coccyx pain following a fall and examination shows tenderness to palpation at the levator ani. There is no evidence of prior physical therapy for this area and the 6 sessions requested is within what is allowed by MTUS. The request IS medically necessary.

Colonoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medicinenet.com/colonoscopy/article.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Pub Med articles: http:///www.ncbi.nim.nih.gov.ubmed/20633961

Decision rationale: The patient presents with buttock pain with BM occurring in an erratic manner i.e. with urgency and incomplete evacuation. The current request is for Colonoscopy per 11/14/14 RFA. The ACOEM, MTUS and ODG guidelines do not address colonoscopies. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. The RFA states that the reason for the request is, "....to evaluate for any colon or rectal abnormalities contributing to change in bowel habits pt has been experiencing." Given the patient's clinical issues and guideline recommendations for detection of colon lesions, the requested colonoscopy IS medically necessary.

Pudendal Nerve Studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://lomalindahealth.org/medical-center/our-services/urogynecology/services-and-procedures/diagnostic-studies/electrophysiology-page

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation On line researchhttp://www.healthline.com/

Decision rationale: The patient presents with buttock pain with BM occurring in an erratic manner i.e. with urgency and incomplete evacuation. The current request is for Pudendal Nerve Studies per the 11/14/14 RFA. The ACOEM, MTUS and ODG guidelines do not address Pudendal nerve studies. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. On line researchhttp://www.healthline.com/ states the pudendal nerve is found in the pelvis and pudendal neuralgia can cause both bladder and anal incontinence. The RFA states the reason for the request is to evaluate for any dysfunction in pudendal nerves contributing to the pts pain. In this case, there is no documentation of anal or bladder incontinence. Neurologic examination provided show negative for bowel and bladder control changes. The request IS NOT medically necessary.

MR Defecography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/700_799/018.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation AETNA CPVB Defecography http://www.aetna.com/cpb/medical/data/700_799/0718.html

Decision rationale: The patient presents with buttock pain with BM occurring in an erratic manner i.e. with urgency and incomplete evacuation. The current request is for MR Defecography per the 11/14/14 RFA. MR Defecography (also known as MRI of the pelvic floor, rectum and sphincter) is an imaging exam that doctors use to look at problems in the structure of the pelvic floor or problems with how these muscles are working when you move your bowels. MR Defecography is done in an MRI machine. The ACOEM, MTUS and ODG guidelines do not address MR Defecography. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. The RFA states the request is to evaluate if the patient has an anatomic abnormality contributing to her defecation issues. In this case, the AETNA guidelines state that MR Defecography is experimental and not recommended. The current request IS NOT medically necessary.