

Case Number:	CM15-0019921		
Date Assigned:	02/09/2015	Date of Injury:	03/28/2011
Decision Date:	04/14/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 58-year-old male with an industrial injury dated 03/28/2011, which resulted from a trench cave-in. The injured worker is noted to have complete paralysis from the waist down. His current diagnoses include urinary tract infection, neurogenic bladder and paraplegia. Recent diagnostic testing has included urinalysis testing revealing urinary tract infections. He has been treated with multiple Botox injections for the treatment of neurogenic bladder, a T12 corpectomy, T11-L1 discectomy, anterior fusion from T1-T11, posterior lateral fusion from T6-L3, T11 and T12 bilateral laminectomies, rehabilitation, medications, physical therapy, psychological therapy/treatments, and provided with durable medical equipment for mobilization and transfers. The clinical notes reflect multiple and frequent urinary tract infections requiring intravenous antibiotics. The treating physician is requesting Botox intravesical injection (200 units) Cysto Guidance for the neurogenic bladder, urinalysis and office visit which were denied by the utilization review. On 12/31/2014, Utilization Review non-certified a request for Botox intravesical injection (200 units) Cysto Guidance for the neurogenic bladder, noting a request for additional (current) clinical information regarding the injured worker's current clinical status and recent services provided and response to these services. Non-MTUS Guidelines were cited. On 12/31/2014, Utilization Review non-certified a request for urinalysis, noting a request for additional (current) clinical information regarding the injured worker's current clinical status and recent services provided and response to these services. Non-MTUS Guidelines were cited. On 12/31/2014, Utilization Review non-certified a request for office visit, noting a request for additional (current) clinical information regarding the injured

worker's current clinical status and recent services provided and response to these services. Non-MTUS Guidelines were cited. On 02/02/2015, the injured worker submitted an application for IMR for review of Botox intravesical injection (200 units) Cysto Guidance for the neurogenic bladder, urinalysis, and office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox Intravesical Injection (200 units) Cysto Guidance for Neurogenic Bladder: Overturned

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 Abrams GM, et al. Chronic complications of spinal cord injury and disease. Topic 4839, version 9.0. Up-to-date, accessed 03/24/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature has demonstrated that injection of botulinum toxin into the bladder muscle, which prevents the muscles from moving, is safe and effective for controlling symptoms of certain bladder muscle spasms and can improve the person's quality of life. However, the optimal dose, long-term efficacy, and comparison with other treatments are unknown. The submitted and reviewed documentation indicated the worker was experiencing erectile dysfunction and urinary incontinence despite treatment with maximized medications and frequent self-catheterizations. Treatment with prior injection resulted in temporary resolution of incontinence for six months. Urine incontinence can result in complications, such as skin rashes and breakdown, in addition to affecting quality of life. For these reasons, the current request for an intravesical injection of 200units of Botox (botulinum toxin) with cystoscopy guidance for neurogenic bladder is medically necessary.

Urinalysis: 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 Urinalysis. MedLine Plus Medical Encyclopedia. Accessed 03/24/2015. <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>.

Decision rationale: Urinalysis is used to evaluate the urinary system. The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated the worker was experiencing erectile dysfunction and urinary incontinence. There was no discussion describing the reason this test was needed or describing issue that sufficiently supported this request. In the absence of such evidence, the current request for a urinalysis is not medically necessary.

Office Visit: Overturned

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 Functional Restoration Approach, Pain Outcomes and Endpoints Page(s): 7, 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing erectile dysfunction and urinary incontinence. These issues were interfering with the worker's function and quality of life. For these reasons, the current request for a follow up office visit is medically necessary.