

Case Number:	CM15-0119951		
Date Assigned:	06/30/2015	Date of Injury:	07/23/2008
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male who sustained an industrial injury on 07/23/2008 when the forklift he was operating, flipped over down a hill crushing his lower body and trapping him for two hours. The injured worker was diagnosed with bilateral hip fractures, bilateral pubic rami fractures, right L4-5 transverse process fracture, bilateral fibula fractures, left wrist fracture, bilateral lower extremity paraplegia and urethral disruption. The injured worker underwent multiple surgical interventions for reduction of fractures, hardware removal, urethral reconstruction, penile re-vascularization, lumbar epidural steroid injection, sympathetic nerve blocks and spinal cord stimulator (SCS) implant in April 2011 and removal in April 2013. The injured worker was diagnosed with crush injury, complex regional pain syndrome-Type II, lumbar radiculopathy, paraparesis, neurogenic bladder, erectile dysfunction, opioid dependency, depression and anxiety. The injured worker also has a history of hypertension and diabetes mellitus. Other treatments to date have included psychiatric and psychological evaluations, cognitive behavioral therapy (CBT), acupuncture therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 20, 2015, the injured worker continues to experience weakness, burning, numbness and tingling of the lower extremities, urinary incontinence and frequency, impotence, depression and anxiety. The injured worker ambulates with a single point cane. Examination of the lumbar spine and hips demonstrated decreased range of motion in all planes with stiffness and tenderness at end point movement. There was increased tightness of the paravertebral muscles, left lumbosacral and mid buttock and sciatic nerve tenderness documented. Motor strength was diminished in all muscle groups of the hips, bilateral lower extremity and feet. Sensation to pinprick was intact of

the bilateral lower extremities. Sensation to light touch noted hyperalgesia and allodynia in the distal lower legs and feet. Deep tendon reflexes were decreased in the patellar and Achilles bilaterally. Current medications are listed as Percocet, OxyContin, Oxycodone, Valium, Aleve, Baclofen, Cymbalta, Lyrica, Elavil, Amitriptyline, Tamsulosin, Zolpidem, Pepcid and Colace. Treatment plan consists of conservative measures with home exercise program, aerobic conditioning, flexibility program, postural and functional ergonomics, medication regimen and the current request for Botox injections 200 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Botox.

Decision rationale: Regarding the request for Botox, Chronic Pain Medical Treatment Guidelines state that Botox may be considered in conjunction with a functional restoration program. ODG also states that it should be used in conjunction with a functional restoration program and reserved for patients with pain refractory to other invasive treatments. Within the documentation available for review, it is unclear what the Botox is intended to treat. It appears the patient had Botox injections into the bladder previously. There is no indication how much this improves the patient's neurogenic bladder, or how long it lasted. Additionally, there is no recent documentation indicating that the Botox injections are for bladder treatment as opposed to some other diagnosis. In the absence of clarity regarding those issues, the currently requested Botox injections for the low back are not medically necessary.