MAXIMUS Federal Services

Case Number:	CM13-0007580		
Date Assigned:	12/11/2013	Date of Injury:	09/08/2010
Decision Date:	03/05/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 49-year-old male who reported an injury on 12/20/2001. The patient was noted to be status post lumbar laminectomy and L4-S1 anterior and posterior spinal fusion, followed by removal of instrumentation. The patient was noted to be under care for urinary frequency since 2012. The request was made for the placement of a sacral neural stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Placement of a sacral neural stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacral Nerve Modulation from the Loma Linda University Health website.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation cost analysis of sacral nerve modulation for treating urinary and/or fecal incontinence. (2011) Annals of surgery, 253(4), 720-732, Leroi, A. M., Lenne, X., Dervaux, B., Chartier-Kastler, E., Mauroy, B., Le Normand, L., & Michot, F.

Decision rationale: The clinical documentation submitted for review indicated the patient had previously been approved for a sacral neural stimulator. There was a lack of documentation indicating if the patient has received the requested placement. The patient was noted to undergo

treatment with Detrol and was noted to have positive results with Detrol; however, Detrol was noted to be stopped due to excessive perspiration and an irregular heartbeat in August 2012. It was indicated that the medication had not been restarted; however, per the physician, it was opined the patient's symptoms were noted to be due to Savella. The clinical documentation submitted for review indicated that the patient had responded to lower levels of care, and there was a lack of documentation indicating the patient had a necessity for the placement of a sacral neural stimulator. Given the above, the request for placement of a sacral neural stimulator is not medically necessary at this time