

<b>Case Number:</b>	CM13-0017201		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/08/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 General Surgery, has a subspecialty in Urology and is licensed to practice in Florida. 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 45 year old female injured on May 08, 2010. The mechanism of injury is not disclosed in the records reviewed. However, it is noted that symptoms related to over active bladder (OAB) are post industrial injury event. The injured worker developed overactive bladder and detrusor instability after the pelvic injury. This was documented on urodynamic studies. The injured worker has failed conservative treatments with medication such as Ditropan and Sanctura. A interstim trial was recommended on August 06, 2013 with possible implantation of interstim implant if the trial is successful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Sacral Stimulation:** 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 Other Medical Treatment Guideline or Medical Evidence: 1. Interstim Therapy: A contemporary Approach to Overactive Bladder Rev Obstet Gynecol. 2009 Winter; 2(1): 18-27. 2. Early versus late treatment of voiding dysfunction with pelvic neuromodulation Can Urol Assoc J. Jun 2007; 1(2): 106-110.

**Decision rationale:** This injured worker clearly has an intractable overactive bladder not responsive to multiple medications. This was documented by urodynamic studies. Interstim neuromodulation is accepted by the American Board of Urology and the Food and Drug Administration (FDA) for use in patients with severe intractable overactive bladder/detrusor instability that have failed conservative treatment/meds. Decision to reverse prior utilization review decision as this request is medically necessary.