

<b>Case Number:</b>	CM13-0056644		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Neurosurgery and is licensed to practice in California. 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 patient is a 54 year old female who sustained an injury on 06/07/00 when a box fell on top of her. The patient was followed for complaints of urinary incontinence cystitis urinary frequency and urinary urgency. The patient had remote history of lumbar surgery in 2001 followed by permanent placement of a spinal cord stimulator in 2011. The patient has an extensive history of narcotics use for chronic pain. The most recent urology evaluation from the patient was done on 09/03/13. Per the report the patient was utilizing between four and five pads per day and woke at night to urinate approximately six times. The patient reported no benefit from the use of Toviaz. The patient was prescribed Elmyron and oxybutynin; however, as of this evaluation the patient had not started these medications. As previous urodynamic studies had shown the ability to hold large volumes of urine and there was no evidence of ulcer or bleeding [REDACTED] did not feel the patient had interstitial cystitis. The patient was recommended for peripheral tibial nerve stimulation and starting a trial of Gelnique in conjunction with the stimulation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PTNS TO TIBIAL NERVE FOR OVERACTIVE BLADDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA.

**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:-van Balken MR. Percutaneous tibial nerve stimulation: The Urgent PC device. Expert Rev Med Devices. 2007;4(5):693-698.-MacDiarmid SA, Peters KM, Shobeiri SA, et al. Long-term durability of percutaneous tibial nerve stimulation for the treatment of overactive bladder. J Urol. 2010;183(1):234-240.

**Decision rationale:** In regards to the eight requested sessions of peripheral tibial nerve stimulation for the urinary symptoms, the clinical literature recommends the use of this treatment for urinary frequency or urgency in patients who have experienced symptoms for approximately 12 months or longer without results from medication management. In this case the patient has failed more than one medication for urinary frequency and/or urgency. The clinical literature would recommend an initial period of test stimulation to determine the efficacy of the treatment; however, 8 sessions is in excess of the recommendations indicated in the current literature. Given this, the request for 8 sessions of PTNS to tibial nerve for overactive bladder is not indicated as medically necessary.

**TRIAL OF GEINIQUE:** 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: -Gelnique. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** In regards to gelnique or oxybutynin, this medication is indicated by the Food and Drug Administration (FDA) to address muscle spasms of the bladder and urinary tract. Given the ongoing symptoms overactive bladder and urinary frequency this medication would be supported as medically necessary to address the current clinical condition.