MAXIMUS Federal Services

Case Number:	CM14-0159990		
Date Assigned:	10/03/2014	Date of Injury:	06/07/2000
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 06/07/2000, due to tripping over a pallet, causing her to fall backwards, sustaining an injury to her right shoulder. The injured worker complained of left lateral thigh pain, left ankle pain, and right knee pain. The diagnoses included chronic pain syndrome, right shoulder impingement syndrome, mixed urinary incontinence and urinary frequency, and status post. The prior surgeries included a status post lumbar fusion, spondylolisthesis at the L4-5 and a spinal cord stimulator implantation. The past treatments included medications, epidural injections x3, TENS unit, 6 treatments of percutaneous tibia nerve stimulation. The medications included Flexeril, Zantac, Topamax, hydrocodone, Colace. Objective findings dated 05/22/2014 revealed (he injured worker to be alert and oriented, with an antalgic gait. The treatment plan included 12 visits for percutaneous tibial nerve stimulation. The Request for Authorization dated 04/14/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous tibiial nerve stimulation 12 visits: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3438389/ for

Decision rationale: The request for percutaneous tibiial nerve stimulation 12 visits is not medically necessary. The California MTUS/ACOEM and The Official Guidelines do not address. Therefore refer to http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3438389/ for reference. The Individuals with urgency incontinence who have not responded to medication and/or behavioral treatment and who do not want to have surgery may be a candidate for percutaneous tibial nerve stimulation. Percutaneous tibial nerve stimulation (or PTNS) involves the delivery of electrical stimulation to the sacral nerve via the tibial nerve, accessed at the ankle. The treatment is called The Urgent PC Neuromodulation System and many patients respond positively to this therapy.PTNS is an in-office procedure that uses a stimulator, which generates an electrical impulse that is delivered to the patient through a lead set. Using a needle electrode placed near the ankle as an entry point, the stimulator's impulses alter the activity of the bladder by traveling along the tibial nerve to the nerves in the spine that control pelvic floor function. Each treatment lasts approximately 30 minutes, in an initial series of 12 treatments, typically scheduled a week apart. After the initial 12 treatments, your healthcare professional will discuss your response to the PTNS treatments and determine how often future treatments are needed to maintain results. The Urgent PC Neuromodulation System is designed to treat urinary urgency, urinary frequency, urgency incontinence, symptoms associated with overactive bladder, and interstitial cystitis. The clinical notes were not evident that the injured worker had failed conservative measures. The documentation indicates that the injured worker had undergone 6 initial visits and then another 6 visits, for a total of 12 visits. The injured worker is taking Myrberiq 25 mg per the 07/15/2014 urologist evaluation, however the clinical notes were not evident of the efficacy of the medication. As such, the request is not medically necessary.