

Case Number:	CM14-0024807		
Date Assigned:	06/13/2014	Date of Injury:	01/04/2013
Decision Date:	07/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation 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 injured worker is a 34-year-old female with a reported date of injury on 01/04/2013. The mechanism of injury reportedly occurred when the injured worker stepped on an orange and fell on her coccyx. Thoracolumbar spine x-rays on 01/04/2013 did not reveal fractures. In addition, the clinical information indicated that the second lumbosacral x-rays on 04/12/2013 revealed nonspecific findings. The clinical information indicated the injured worker underwent physical therapy, the results of which were not provided within the documentation available for review. The MRI of the lumbosacral spine on 06/4/2013 revealed degenerative disc disease with aging, and nonspecific findings. On physical examination, the physician indicated the injured worker's lumbar spine range of motion revealed flexion to 50% of normal, extension to 25% of normal, and left and right lateral flexion to 25% of normal. The clinical information indicated the injured worker has undergone psychological evaluation, the results of which were not provided within the documentation available for review. The clinical documents dated 07/30/2013 indicated the injured worker underwent cystoscopy and urodynamics bladder function study. The cystoscopy revealed urethra normal and mild bladder cystocele. The urology consult dated 11/12/2013 revealed physical exam of female genitourinary stated that there was no blood in urine, no change in urinary stream, no difficulty in emptying bladder, no incontinence, no painful urination, or urethral discharge or frequency. The request for authorization for a 1 month trial of interstim sacral neuromodulation, units 30, was submitted on 02/27/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH (30 DAY) TRIAL INTERSTIM SACRAL NEUROMODULATION,:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wein(Ed.) Campbell-Walsh Urology, 10th Edition,2012.

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: Joseph Sujka, Tyler zeoli, Joseph M. Ciccone, 2013Sacral Neuromodulation for Bladder Atony- a Case Report.Urology Case ReportsVolume 2, Issue 1, January 2014, Pages 27-29.

Decision rationale: The article in Urology Case Reports state that in most cases, sacral neuromodulation is used as a treatment for urge incontinence and symptoms of urgency and frequency. It is most used in those who are unresponsive to traditional management. The use of sacral neuromodulation for urinary retention is not new, but it is effective as a utility for complete bladder atony has yet to be fully established. Sacral neuromodulation has not been reliably shown to be effective in cases of simpler bladder symptoms. This case reiterates that sacral neuromodulation might be a valuable tool in this setting, and in light of findings, bears further investigation by the urological community as to the continued expansion of its indications. The rationale was not provided within the documentation available for review. In addition, the urology clinical notes dated 11/12/2013 under the female genitourinary indicated there was not presently a change in bladder habits, change in urinary stream, no difficulty in emptying bladder, no frequency, no incontinence, and no painful urination noted. As such, the medical necessity for the interstim sacral neuromodulation is unclear. Therefore, the 1 trial of interstim sacral neuromodulation, units 30, is non-certified.