

<b>Case Number:</b>	CM14-0030410		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, and is licensed to practice in Nevada. 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 was reportedly injured on September 7, 2000. The mechanism of injury was noted to be boxes falling on the lower back. The most recent progress note, dated November 22, 2013, indicated there were ongoing complaints of right hip pains and bilateral leg numbness. Mild relief was noted with the use of a permanent spinal cord stimulator. The physical examination demonstrated tenderness at the lateral malleolus of the left ankle as well as tenderness at the epicondyle of the left elbow. There was right shoulder decreased range of motion. There was a diagnosis of failed back syndrome. Treatment plan included to continue Flexeril, Zantac, Voltaren, Neurontin, Vicodin and Colace. A note from urology, dated September 3, 2013, stated the injured employee was following up for mixed urinary incontinence. The use of a posterior tibial nerve stimulator was requested as this was noted to be helpful in patients with irritable bladder conditions. Previous treatment included placement of a spinal cord stimulator on January 27, 2012. A request was made for a maintenance percutaneous tibial nerve stimulation and was not certified in the pre-authorization process on January 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maintenance Posterior Tibial Nerve Stimulation (6 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed: Neurorol Urodyn. 2004;23(3):246-51.

**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/>.

**Decision rationale:** According to the medical records provided, the injured employee has participated in two sessions of posterior tibial nerve stimulation and would require a total of six to assess efficacy prior to the potential onset of maintenance sessions. There was no note in the medical record regarding the efficacy of these initial six diagnostic sessions. Without this information, it is impossible to assess the necessity of subsequent maintenance sessions. Therefore, this request for six visits of maintenance posterior nerve stimulation is not medically necessary.