

<b>Case Number:</b>	CM14-0075732		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/07/2003
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 59-year-old female who reported an injury on 06/07/2003. The mechanism of injury was not provided. On 04/28/2014, the injured worker presented with severe bilateral knee pain, low back pain radiating to the bilateral legs, swelling of the feet and numbness at night down the leg into the thighs. The injured worker reported neurological issues, and only feeling the urge when standing and does not feel sensation with sitting. Upon examination, there was lumbar spine disc protrusion revealed by unofficial MRI, and limited range of motion and right radiculopathy revealed by an EMG. There was tenderness and pain to palpation over the lumbar spine and a positive straight leg raise. The diagnoses were tendonitis of the bilateral knees; back, lumbosacral sprain/strain with radiculopathy; and internal medicine complains with obesity/deconditioning. The provider recommended an outpatient UROstim pelvic muscle therapy for 6 weeks. The provider's rationale is not provided. The request for authorization form is not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient UROstim Pelvic Muscle Therapy-6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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: Transcutaneous posterior tibial nerve stimulation: evaluation of a therapeutic option in the management of anticholinergic refractory overactive bladder, Myriam Ammi, Denis Chautard, Elena Brassart, Thiabaut Culty, Abdel Rahmene Azzouzi, Pierre Bigot, 15 October 2013/Published 6 March 2014.

**Decision rationale:** Scientific based evidence note pelvic examination comprising of physical exam, urine culture, bladder diary, urethrocystoscopy, and urodynamic investigations should be done prior to a UROstim therapy. The patient's effectiveness should be assessed using standardized questionnaires at baseline and after 1 month of treatment. The included documents state that the worker requires a cystoscopy and Marshall testing to whether there is stress incontinence present and the severity of incontinence. The injured worker also needed a urodynamic test to rule out neurogenic bladder to include an EMG and pressure flow study. Once testing is completed there would be recommendation for further treatment. A complete and adequate examination as well as further testing results would be needed prior to warrant a UROstim for the injured worker. Therefore, the request for Outpatient UROstim pelvic muscle therapy-6 weeks is not medically necessary and appropriate.