

Case Number:	CM14-0088873		
Date Assigned:	07/28/2014	Date of Injury:	07/26/2003
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 48 year old male who sustained an injury to his neck on 07/26/03. A supplemental report dated 05/22/13 reported that the injured worker has lost approximately 40 lbs. with dieting. He has had severe new onset of diabetes with blood sugar 500-600. He is maintained on Metformin and Insulin for the diabetes. He has persistent problems with elevated liver function tests. A gall bladder ultrasound was requested. The injured worker was diagnosed with neurogenic bladder, epididymo-orchalgia, erectile dysfunction, and urinary incontinence. Medications included Abilify, Klonopin, Lorazepam, Celexa, Neurontin, Seroquel, Viagra, and Ambien. The injured worker underwent cystoscopic exam on 02/17/14 which was noted to reveal minimally inflamed bladder with areas of trimeculation secondary to a minimally enlarged prostate. Symptoms included urgency, frequency, and nocturia. It was noted that urinary incontinence was secondary to a back injury with elements of a neurogenic bladder and a recommendation was made for a trial of pelvic floor rehabilitation and percutaneous tibial nerve stimulation to decrease irritable bladder symptoms of frequency, nocturia, and urinary incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Tibial 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 Aetna Clinical Policy Bulletin: Diabetic Neuropathy: Selected Treatments.

Decision rationale: The request for percutaneous tibial nerve stimulation x 12 visits is not medically necessary. The previous request was denied on the basis that the documentation provided failed to indicate whether the injured worker has failed 1st line treatments with fluid management, dietary changes, home pelvic muscle exercises, bladder retraining, and biofeedback. In addition, it was unclear whether the injured worker has tried and failed over the counter or prescription medications. In the absence of documentation indicating the injured worker has failed 1st line treatments, the request was not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for percutaneous tibial nerve stimulation x 12 visits is not indicated as medically necessary.