MAXIMUS Federal Services

Case Number:	CM14-0193931		
Date Assigned:	12/01/2014	Date of Injury:	07/27/2007
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family 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:

This 64-year old forestry division chief reported an injury dated 7/27/07. The mechanism of injury is not described in the available records. Current diagnoses, including status post radical prostatectomy for prostate cancer in 2008 with resultant incontinence, erectile dysfunction and pelvic pain, all deemed to be work-related. He developed Peyronie's disease (penile curvature) felt to be related to his use of a penile clamp for his incontinence. He is also followed for many other conditions, including asthma, hypertension, viral hepatitis, lumbago, hyperlipidemia, coronary artery disease, colonic diverticulosis, esophageal reflux, anxiety, depression, sleep apnea, neck pain, chronic pain syndrome and diaphragmatic hernia, all apparently being treated as work-related conditions. He retired on 12/30/09 and has not worked since except for a 3-month period of volunteering at his old worksite in 2010. Treatment for his pelvic and urinary symptoms has included Amitriptyline, Mirabegron, Tamsulosin (Flomax), Androgel, Viagra, Levitra, Cialis, Macrobid, Pentoxifylline (Trental), injected Papaverine, a penile clamp, surgical placement of a pelvic sling followed by excision of the ends of the sling, and pelvic physical therapy with biofeedback. The most recent available progress note in the records in regards to the patient's pelvic symptoms is dated 7/29/14 and is written by one of his treating urologists. It documents that the patient's incontinence has improved slightly but not resolved since the urologist first saw him. His perineal pain has improved by 50%. Physical exam was unremarkable, with no suprapubic fullness or tenderness. The urologist advised him to continue biofeedback for his perineal pain and Mirabegron for his incontinence. She stated that he can undergo electro acupuncture (percutaneous tibial nerve stimulation) if he wishes, but that otherwise she has nothing new to offer him. Authorization for percutaneous tibial nerve stimulation was requested on 10/28/14. It was denied in UR on 11/4/14 on the basis that PENS

(percutaneous electrical nerve stimulation) is not supported by MTUS/Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous tibial nerve stimulation qty: 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electric nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation UptoDate, an online evidence-based review service for practitioners (www.uptpdate.com), Nocturia: Clinical presentation, diagnosis and treatment, Excellus Blue Cross/Blue Shield Medical Policy, Percutaneous Posterior Nerve Stimulation, Effective 3/17/11, most recently revised 3/20/14

Decision rationale: The MTUS reference above describes PENS involves inserting needles to a depth of 1-4 cm either around or immediately adjacent to the nerve serving the painful area, which are then stimulated. PENS differs from electro acupuncture because in PENS the location of stimulation is determined by proximity to the pain.The UptoDate reference states that posterior tibial nerve stimulation PTNS) involves transcutaneous insertion near the ankle, approximating pudendal nerve stimulation. It cites a sham-controlled randomized trial which showed improvement in nocturia episodes in patients with overactive bladder. Improvement was maintained over 12 months if participants continued treatment every 2-3 weeks. It is not known if improvement would have been maintained without continuing treatments.The Excellus Blue Cross/Blue Shield policy states that based on an assessment of peer-reviewed literature, percutaneous posterior tibial nerve stimulation has been medically proven effective and is considered medically appropriate as a treatment modality for patients with voiding dysfunction who meet all of the following criteria: A. Failure of conservative behavioral therapies of at least 3 months duration, andB. Failure of pharmacological therapy that includes at least 2 anticholinergic medications and/or smooth muscle relaxants OR patient has a contraindication to pharmacological therapy12 weekly sessions of 12 office visits are considered medically appropriate.This reference describes PTNS as an office procedure which involves inserting a needle into the posterior tibial nerve at the ankle followed by application of low voltage electrical stimulation. Although the posterior tibial nerve is located at the ankle, it is derived from the lumbar and sacral nerves L3-S4, and altering the function of the posterior tibial nerve via stimulation is believed to improve voiding function and control.Review of the above-cited references makes it clear that PENS and PTNS are not equivalent. PTNS involves superficial needle insertion at a site far removed from the pain location, and is therefore distinct from PENS. There IS evidence-based literature to support the use of PTNS, none of which is available in MTUS or ODG.The clinical findings in this case support the use of PTNS. This patient has had urinary incontinence for years and has tried multiple anticholinergic medications, muscle relaxants, behavioral therapies and even surgeries. He meets the BC/BS criteria cited above. It

is medically reasonable to afford him the opportunity to try a minimally invasive treatment that has at least some evidence to support its use. Based on the clinical information provided for my review and on the evidence-based citations above, percutaneous nerve stimulation x 6 is medically necessary because there is evidence to support its use, because it is minimally invasive, and because this patient meets the criteria for its use.