

<b>Case Number:</b>	CM15-0102928		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/21/2007
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 42 year old female, who sustained an industrial injury on 5/21/07. She reported initial complaints of low back pain, weakness of her lower extremities with no sensation of her legs. The injured worker was diagnosed as having lumbosacral syndrome with sciatica; status post Left L5 hemilaminectomy/left S1 complete hemilaminectomy/left L5-S1 discectomy/formaninotomies including S2 (12/14/07); status post radical lumbar anterior discectomy retroperitoneal approach at L5-S1 and L4-L5 with anterior interbody fusion at L5-S1 with anterior segmental instrumentation; anterior instrumentation L4-L5 using Prodisc artificial disc displacement L4-L5 (4/14/11); urinary incontinence. Treatment to date has included status post radical lumbar anterior discectomy retroperitoneal approach at L5-S1 and L4-L5 with anterior interbody fusion at L5-S1 with anterior segmental instrumentation/artificial disc placement l4-L5 (4/14/11); physical therapy; medications. Diagnostics included Urodynamic Testing/cystoscopy (3/6/15); MRI lumbar spine (2/23/11); bladder ultrasound (3/6/15; 4/7/15). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker was seen in this office as a follow-up from a 3/6/15 visit. At that time, this provider diagnosed the injured worker with neurogenic bladder with urinary incontinence. She was prescribed VESicare 5mg, which she took for 20 days. She stopped at this time complaining of blurry vision and abdominal distention. "She did note significantly less leakage and more warning time while taking the medication. She has had some vaginal bleeding after sex." The provider discussed other antimuscarinics with the injured worker and she wanted to stay away from them due to side effects. A bladder ultrasound was completed on this date and the report impression notes: "no post void residual seen." He

then discussed using beta-3 agonist Myrbetriq 25mg every day noting side effects such as elevated blood pressure and she wanted to try this. She was given samples and is to return in 4 weeks to see how she responds to this new trial. The provider also discussed 12 weeks of urgent PC Posterior Tibial Nerve Stimulation Techniques and would like to have this authorized.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 weeks of urgent PC Posterior Tibial Nerve Stimulation Techniques:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National collaborating centre of women's and children health.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MTUS guidelines, PENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no efficacy of previous use of TENS. There is no recent documentation of recent flare of her pain. The provider should document how PENS will improve the functional status and the patient's pain condition. There is no documentation of failure of conservative therapies and medications. Therefore, the prescription of 12 weeks of urgent PC Posterior Tibial Nerve Stimulation Techniques is not medically necessary.