

Case Number:	CM15-0142913		
Date Assigned:	08/03/2015	Date of Injury:	12/28/2005
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 12-28-2005. She reported falling and injuring her low back, neck and left arm. Diagnoses have included overactive bladder of industrial causation, urinary frequency and urgency with nocturia, status post anterior vertebrectomy and spinal canal decompression and status post anterior cervical discectomy and fusion. Treatment to date has included physical therapy, spinal surgery, hip surgery, acupuncture and medication. According to the progress report dated 6-9-2015, the injured worker complained of pain over the cervical, thoracic and lumbar spines. She complained of increased bilateral knee pain. She reported headaches once or twice a week. She complained of overactive bladder. Current medications included Percocet, Imitrex, Gabapentin and Tizanidine. The injured worker was given a trial of Myrbetriq for her overactive bladder symptoms. She was to begin daily Kegel exercised and keep a voiding diary. Authorization was requested for a trial of percutaneous tibial nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Percutaneous Tibial Nerve Stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_200/0223.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nice.org.uk/guidance/ipg362/chapter/2-The-procedure> https://www.anthem.com/medicalpolicies/policies/mp_pw_c140988.htm.

Decision rationale: MTUS Guidelines do not address this issue. Other standard Guidelines (Nice) and insurance coverage policies do address this issue and they are consistent in their recommendations. The standard recommendations are that Percutaneous Tibial Nerve Stimulation be considered a treatment of last resort and that other treatment such as medications and muscle training should be exhausted first. This individual has just been started on medications and therapy for this particular problem and the success or failure of these treatments is not established at this point in time. Under these circumstances, the request for Trial of Percutaneous Tibial Nerve Stimulation is not supported by standard Guidelines and standard insurance coverage policies and is not medically necessary at this point in time. There are no unusual circumstances to justify an exception to these recommendations.