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| <b>Case Number:</b>   | CM15-0196915 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 06/12/2009 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 09/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 45 year old female, who sustained an industrial injury on 6-12-09. The injured worker was diagnosed as having mixed urinary incontinence with no evidence of neurogenic bladder; possible sphincter dysfunction secondary to Regional Sympathetic Dystrophy; depression; orthopedic issues. Treatment to date has included status post lumbar anterior retroperitoneal approach L5-S1 disc space discectomy, partial vertebrectomy, bilateral foraminotomies, anterior lumbar fusion L5-S1 and then a lumbar posterior pedicle screw instrumentation L5-S1-posterior lumbar fusion L5-S1-partial lateral facetectomy L5-S1 (12-15-09); physical therapy; status post bilateral stellate ganglion block; bilateral L2-L3 lumbar sympathetic blocks (1-20-15; 5-21-15); medications. Currently, the PR-2 notes dated 7-1-15, the provider documents "The patient continues with urinary incontinence. She reports using four to five pads per day. She has nocturia times three. A trial of Myrbetriq was unsuccessful as it triggered her migraine headaches. The patient reports she saw an 'agreed medical examiner' approximately three weeks ago and underwent multiple studies." The provider is requesting a copy of this report. The documentation indicates the injured worker uses a walker. She had right lower extremity spasms secondary to her "Regional Sympathetic Dystrophy". The provider notes "Laboratory Studies: A urinalysis revealed negative glucose, protein and ketones. The protein to creatinine ratio was normal. On microscopic examination, there were no white blood cells or red blood cells." The provider's treatment plan included a request for peripheral nerve stimulation and pelvic floor rehabilitation. The injured worker is a status post lumbar anterior retroperitoneal approach L5-S1 disc space discectomy, partial vertebrectomy, bilateral

foraminotomies, anterior lumbar fusion L5-S1 and then a lumbar posterior pedicle screw instrumentation L5-S1- posterior lumbar fusion L5-S1-partial lateral facetectomy L5-S1 of 12-15-09. Soon after this complex surgery, the injured worker was diagnosed with right upper and lower extremities complex regional pain syndrome. A PR-2 note dated 3-11-15 indicated the injured worker "In regard to her bladder, she is seeking this out privately through her insurance. Apparently a urologist in the past has stated the her urge versus stress incontinence symptoms are related to her CRPS. However, the carrier is not covering this. At this time, she continues to struggle with the incontinence and cannot tolerate the oral medications which have been prescribed to her in the past and is simply using a pad." She also was diagnosed by the urologist for a kidney stone (0.8mm) and if it reaches 1cm the plan would be to potentially have it moved. There are no urodynamic studies included in the medical documentation submitted or the anticholinergic medications used in the injured workers trial for medications for urinary stress incontinence. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-28-15 and non-certification for Peripheral tibial nerve stimulation x 12 and Pelvic floor rehabilitation x 6-8 sessions. A request for authorization has been received for Peripheral tibial nerve stimulation x 12 and Pelvic floor rehabilitation x 6-8 sessions.

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

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

#### **Peripheral tibial nerve stimulation x 12: 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 up-to date, incontinence, peripheral nerve stimulation.

**Decision rationale:** The California MTUS and the ACOEM do not directly address the requested service. The up-to date guideline state that tibial nerve stimulation in the treatment of incontinence is indicated only if there is failure of both pharmacologic and behavioral therapy. The patient has only failed one pharmacologic intervention and not other first line medication treatment modalities. Therefore, the request is not medically necessary.

#### **Pelvic floor rehabilitation x 6-8 sessions: Overturned**

**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 up-to date, incontinence, pelvic floor exercises.

**Decision rationale:** The California MTUS and the ACOEM do not directly address the requested service. The up-to date guidelines state that pelvic floor exercise are a recommended first line conservative treatment option for incontinence. The exercises have proven to be effective and beneficial in a majority of patients. The patient does have the diagnosis of incontinence. Therefore, the request is medically necessary.