

Case Number:	CM14-0110164		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2012
Decision Date:	10/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of November 15, 2012. A utilization review determination dated July 7, 2014 recommends noncertification of tibial nerve stimulation. Noncertification was recommended since ODG states that percutaneous neuromodulation therapy is investigational, and the physician did not provide scientific literature supporting the request. A report dated February 19, 2014 identifies subjective complaints of urinary frequency, urgency, nocturia, slow urinary stream, feeling of incomplete bladder emptying, and urinary incontinence. Physical examination findings identify weak pelvic contraction with no stress incontinence and no rectocele or cystocele. Diagnoses include urinary frequency, urgency with nocturia, mixed urinary incontinence (urge/stress), orthopedic issues, depression, and anxiety. The treatment plan recommends pelvic floor rehabilitation for stress urinary incontinence and percutaneous tibial nerve stimulation for her irritative voiding symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tibial Nerve Stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Chapter, Percutaneous Neuromodulation Therapy X Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3438389/>

Decision rationale: Regarding the request for tibial nerve stimulation, California MTUS and ACOEM do not contain criteria for this request. ODG states the percutaneous neuromodulation therapy is considered investigational. A search of peer-reviewed scientific literature indicates the percutaneous neuromodulation therapy is a 3rd line option for the treatment of overactive bladder following conservative therapy and pharmacologic therapy. Within the documentation available for review, there is no indication that the patient has failed conservative therapy and pharmacologic therapy prior to the currently requested tibial nerve stimulation. As such, the currently requested tibial nerve stimulation is not medically necessary.