

Case Number:	CM14-0124592		
Date Assigned:	09/16/2014	Date of Injury:	04/28/2010
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 63-year-old female with a 4/28/10 date of injury and status post left L5-S1 hemilaminectomy, partial facetectomy and foraminotomy on 7/19/11. At the time (6/17/14) of request for authorization for Tibial Nerve Stimulator Placement, there is documentation of subjective (chronic low back pain radiating to the left leg; chronic nocturia, urinary incontinence using 5 pads per day, and frequency of voiding affecting activities of daily living) and objective (inability of left foot inversion and weakness of the left leg) findings, voiding findings (Urodynamic studies with cystoscopy (3/20/14) report revealed severe stress urinary incontinence and findings consistent with chronic cystitis), current diagnoses (urinary incontinence, urinary frequency with urgency, chronic low back, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder, and insomnia), and treatment to date (physical therapy, medications (including Topamax, Tramadol, Lunesta, and ibuprofen), and activity modification). Medical reports identify a request for tibial nerve stimulator placement, pelvic floor rehabilitation exercises, and behavioral therapy. In addition, medical reports identify negative urinalysis. There is no documentation of the following additional criteria: Behavioral treatments such as biofeedback, fluid management, pelvic floor exercises, timed voids, etc. have been tried for at least 12 months and have failed; and Pharmacotherapies (at least 2 different anti-cholinergic drugs or a combination of an anti-cholinergic and a tricyclic anti-depressant) have been tried for at least 12 months and have failed; and that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration, and after other non-surgical treatments, including TENS, have been tried and failed or are judged to be unsuitable or contraindicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tibial Nerve Stimulator Placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Procedure Summary, Pain Chapter. Spinal Cord Stimulator (SCS) Criteria. Psychological Clearance

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS), Page(s): 97. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
(<https://www.healthpartners.com/public/coverage-criteria/ptns/>)

Decision rationale: Medical Treatment Guideline identifies Percutaneous Tibial Nerve Stimulation (PTNS) as a lower urinary tract neuromodulation technique performed by percutaneous electrical stimulation of the posterior tibial nerve. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration, and after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated as criteria necessary to support the medical necessity of percutaneous electrical nerve stimulation. In addition, Medical Treatment Guideline identifies documentation of overactive bladder and associated symptoms of urinary frequency, urge incontinence, and urinary urgency, when ALL of the following criteria are present: Symptoms have been present at least 12 months and have resulted in a significant limitation of activities of daily living; Active urinary tract infections and anatomical abnormalities of the lower urinary tract have been excluded as a source of urinary dysfunction; Behavioral treatments such as biofeedback, fluid management, pelvic floor exercises, timed voids, etc. have been tried for at least 12 months and have failed; and Pharmacotherapies (at least 2 different anti-cholinergic drugs or a combination of an anti-cholinergic and a tricyclic anti-depressant) have been tried for at least 12 months and have failed, as criteria necessary to support the medical necessity of Percutaneous Tibial Nerve Stimulation. Within the medical information available for review, there is documentation of diagnoses of urinary incontinence, urinary frequency with urgency, chronic low back, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder, and insomnia. In addition, there is documentation of overactive bladder and associated symptoms of urinary frequency and urinary urgency with the following criteria: Symptoms have been present at least 12 months and have resulted in a significant limitation of activities of daily living; and Active urinary tract infections and anatomical abnormalities of the lower urinary tract have been excluded as a source of urinary dysfunction (urinalysis and cystoscopy). However, given documentation of a request for pelvic floor rehabilitation exercises and behavioral therapy, there is no documentation of the following additional criteria: Behavioral treatments such as biofeedback, fluid management, pelvic floor exercises, timed voids, etc. have been tried for at least 12 months and have failed; and Pharmacotherapies (at least 2 different anti-cholinergic drugs or a combination of an anti-cholinergic and a tricyclic anti-depressant) have been tried for at least 12 months and have failed. In addition, there is no documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration, and after other non-surgical treatments, including TENS, have been tried and failed or are judged to be unsuitable or contraindicated. Therefore, based on guidelines and a review of the evidence, the request for Tibial Nerve Stimulator Placement is not medically necessary.