

Case Number:	CM14-0137102		
Date Assigned:	09/10/2014	Date of Injury:	04/28/2010
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine, 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:

Patient is a 63-year-old female who has submitted a claim for urinary incontinence, urinary frequency with urgency, obesity, asthma, low back pain status post lumbar laminectomy, radiculopathy, chest pain secondary to trauma, and depression associated with an industrial injury date of 4/28/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic low back pain radiating to bilateral lower extremities, left worse than right. Pain was associated with weakness of both legs. Patient likewise complained of urinary incontinence. She used approximately 5 pads per day. Cystoscopy and urodynamic studies, dated March 20, 2014, were consistent with severe stress incontinence and chronic cystitis. There was no evidence of a neurogenic bladder. Physical examination showed an antalgic gait. Recommendations for percutaneous tibial nerve stimulation and pelvic floor rehabilitation were made. Treatment to date has included lumbar laminectomy at L5 to S1, physical therapy, epidural steroid injections, cognitive behavioral therapy, and medications. Utilization review from 7/23/2014 denied the request for Percutaneous Tibial Nerve Stimulation 12 Sessions (Lumbar Spine) because there was no evidence that TENS had been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Tibial Nerve Stimulation 12 Sessions (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation, Page(s): 97. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Percutaneous Tibial Nerve Stimulation: A Clinically and Cost Effective Addition to the Overactive Bladder Algorithm of Care; Curr Urol Rep. Oct 2012

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after therapeutic exercise and TENS, have been tried and failed. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). In this case, patient complained of chronic low back pain radiating to bilateral lower extremities, left worse than right. Pain was associated with weakness of both legs. There was prior use of a TENS unit in 2010; however, treatment response was not well documented. Based on a progress report from June 2014, patient had a history of urinary incontinence, using approximately 5 pads per day. Cystoscopy and urodynamic studies, dated March 20, 2014, were consistent with severe stress incontinence and chronic cystitis. There was no evidence of a neurogenic bladder. Recommendations for percutaneous tibial nerve stimulation and pelvic floor rehabilitation were made. CA MTUS and ODG do not specifically address PENS as treatment for incontinence; an article from Current Urology Reports 2012 was used instead. It states that although antimuscarinic therapy is effective for overactive bladder (OAB), pharmacological therapy will often not meet patient expectations. While sacral nerve stimulation (SNS) has been shown to be efficacious, the relative financial cost and the need for surgical implantation and surgical revision should be considered. Percutaneous electrical nerve stimulation provides an option for patients who are refractory to anticholinergic therapy; it is less invasive and less costly than SNS, and should be positioned early in the treatment algorithm of care for OAB. In this case, there was no evidence that patient had failed pharmacologic management for urinary incontinence. It was unclear if conservative measures have been exhausted to warrant such treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Percutaneous Tibial Nerve Stimulation 12 Sessions (Lumbar Spine) is not medically necessary.