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| Case Number: | CM14-0163592 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 01/06/2012 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 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:

The claimant was injured when she fell on her buttocks from a chair on 01/06/12. A trial of InterStim for urinary/fecal incontinence and a pain management evaluation are under review. She was evaluated on 07/23/14 and still had a lot of pain in her entire low back and buttocks. She could not sit for more than 5 minutes due to pain. She had pain and numbness in the left lower extremity to her foot. There were no changes in her bowel or bladder habits. She was being seen at the spine clinic and was walking slowly with a cane. Her surgical incision had healed nicely. She had some tenderness. An MRI showed degenerative discs/bulges at L4-L5-S1 with mild foraminal stenosis at L5-S1. X-rays showed no instability. She needed to work on weight loss. There was no evidence of impingement on the cauda equina or nerve roots. Spinal fusion was not recommended. She underwent coccygectomy on 04/04/14 and two fragments were removed. She has chronic low back pain and has seen a urologist for continued urinary incontinence. She has had physical therapy in the past. She also has a lot of anxiety. On 07/28/14, she reported decreased mobility and pain and stated she was able to do only minimal activities and was very depressed. She was very anxious about her incontinence. She had gained weight. She was being seen by urology for the incontinence. Review of systems was positive for tingling and sensory change and she had good strength in both legs. She had decreased range of motion of the low back. She was diagnosed with mixed urinary incontinence. On 07/25/14, she also had fecal urgency and a diagnosis of lumbar radiculopathy. On 08/14/14, she was referred to urology for urinary incontinence. She had seen a colorectal specialist on 04/12/13. A trial of steroid injection was considered. She has complained of urinary and bowel urgency for a prolonged period of time. On 05/25/13, MRI of the sacrum and coccyx showed a uterine leiomyoma and possible muscle strain or muscle edema. It was thought that her symptoms were due to a neurologic origin. A pudendal nerve study was recommended. She was seen for

urodynamic studies on 08/04/14 and was diagnosed with urinary urgency and frequency. She also had fecal urgency and incontinence. An InterStim trial was recommended which may help with urinary and fecal incontinence. She had tried medications including Ditropan and had tried Sanctura. On 09/02/14 it was noted that she did not feel better after the surgery. A recommendation was made that she attends pain management. An anal-sphincter EMG was recommended on 09/23/14. She did see pain management on 09/16/14 who diagnosed lumbosacral spondylosis, disc degeneration, and coccyx fracture and recommended fentanyl patch for pain, Topamax, and facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial InterStim for urinary/fecal symptoms, incontinence: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32-33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: University of Texas at Austin, School of Nursing, Family Nurse Practitioner Program. Recommendations for the Management of Urge Urinary Incontinence in Women. Austin (TX): University of Texas at Austin, School of Nursing; 2010 May.

Decision rationale: The history and documentation do not objectively support the request for a trial of an InterStim unit for treatment of urinary/fecal incontinence. The MTUS do not address this type of treatment and the listed guideline states "noninvasive electrical stimulation (considered but no recommendation made for or against)." In this case, the claimant's actual pattern of incontinence of urine and fecal urgency are not fully described. Trials of medications and other types of treatment are not fully described, either. There is no clear support in the evidence-based literature for this type of treatment. The medical necessity of this request has not been clearly demonstrated.

Pain management evaluation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations and Consultations page 127

Decision rationale: The history and documentation do not objectively support the request for a Pain Management consultation. The MTUS state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an

independent medical assessment." The claimant has chronic symptoms of pain and incontinence. She has already been evaluated by pain management and it is not clear why she would require another consultation of this type. No specific reason for this consultation has been described or can be ascertained from the file. The medical necessity of this request for a repeat Pain Management consultation has not been clearly demonstrated.