

Case Number:	CM14-0211804		
Date Assigned:	12/24/2014	Date of Injury:	10/27/2013
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California
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:

Patient had a date of injury on 10/27/2013. The patient hurt her upper lumbar back. Patient had two surgeries for T11-T12 herniated disc. The patient reports urinary frequency and urge incontinence. Patient underwent a urodynamic study which showed neurogenic bladder with detrusor areflexia and poor detrusor contraction. Exercises and medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urostym x 8: 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 Other Medical Treatment Guideline or Medical Evidence: <http://laboriemedical.com/products/pelvic-muscle-rehabilitation/biofeedback-and-stimulation/urostym/>

Decision rationale: According to the manufacture, Urostym is a non-surgical approach to treating urinary and fecal incontinence. According to the medical record, there is no

documentation as to why this is needed. The patient is currently on medications and pelvic floor exercises. Therefore, this request is not medically necessary.