

Case Number:	CM15-0078139		
Date Assigned:	04/29/2015	Date of Injury:	02/17/1997
Decision Date:	06/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina

Certification(s)/Specialty: Urology

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 patient is a 63 year old female, who sustained an industrial injury on February 17, 1997. She reported chronic pelvic and back pain. The patient was diagnosed as having neurogenic bladder following back surgery resulting in cauda equina syndrome. Evaluation and treatment to date has included radiographic imaging, diagnostic studies, Botox transurethral injection, Ditropan XL, self-catheterization 20 times per day to reduce leakage and 2 times per night, conservative care, medications and work restrictions. On 2/13/15 the injured worker was referred to a urologist for ongoing "bladder issues." Per the treating physician report of 3/26/15, the Botox injection was initially very effective in controlling urinary symptoms, but the urinary incontinence has recurred. Fecal incontinence was continuing. A sacral nerve stimulator was recommended. The Request for Authorization of 3/27/15 is for a bilateral sacral neurostimulator, with the first and second stages of lead placement requested. On 4/2/15 Utilization Review certified the sacral nerve stimulator for the first stage of lead placement, noting that only the initial stage was indicated currently, with the second stage indicated only if the first stage was successful. National Guideline Clearinghouse references were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lead placement 2nd stage: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National collaborating centre for women's and children's health. Urinary incontinence: the management of urinary incontinence in women. London (UK): National Institute for Health and care excellence (NICE); 2013 Sep. 48 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Diagnosis and Treatment of Overactive Bladder (Non- Neurogenic) in Adults, AUA/SUFU Guideline: <http://www.auanet.org/common/pdf/education/clinical-guidance/Overactive-Bladder.pdf2>. Sacral Neuromodulation, InterStim Therapy for Urinary Control, <http://professional.medtronic.com/pt/uro/snm/ind/index.htm#.VYIc0ob3arU>.

Decision rationale: The patient has documented neurologic disease and stress incontinence (which exclude Interstim when present). Also, symptom improvement with stage 1 lead placement must be at least 50% before the second stage is recommended. There is no evidence that there has been an initial and beneficial trial of the neurostimulation prior to considering the second stage. The lead placement for the second stage is therefore not medically necessary.