

Case Number:	CM15-0090749		
Date Assigned:	05/15/2015	Date of Injury:	08/08/2009
Decision Date:	07/31/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona

Certification(s)/Specialty: Surgery

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 injured worker is a 47 year old female, who sustained an industrial injury on 8/8/09. The injured worker was diagnosed as having cervicalgia, lumbago and disturbance of skin sensation. Treatment to date has included cervical fusion, lumbar fusion, oral medications including opioids, physical therapy and home exercise program. Currently, the injured worker complains of pain on right side of neck with radiation to right arm. Objective findings were not noted. The treatment plan included request for bladder nerve stimulation insertion, refill of Norco, Topamax, Ketoprofen and Cymbalta and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bladder Nerve Stimulation insertion by a provider for MedTronic device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ-National Guideline Clearinghouse Sacral Nerve Stimulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacral Nerve Stimulation for the Management of Voiding Dysfunction. Reviews in Urology. 2000 Winter; 2(1): 43-52, 60.

Decision rationale: This 47 year old female injured in 2009 is requesting a nerve stimulator for treatment of neurogenic bladder. She has had a urological work-up for problems with incontinence and a urology evaluation 04/10/12 notes the patient has urinary incontinence, urge incontinence and stress incontinence when she has back pain flares. The bowel and bladder are normal when back is not in a flare. Recurrent bladder infections started after her spine problems began. There have been approximately 4 infection(s) in the last 12 months. The 02/18/15 occupational medicine report notes the loss of urine control and lack of benefit from the lumbar fusion. That report did not provide specific details regarding the indications for the requested device. The guideline cited above provides specific recommendations for sacral nerve stimulation for the management of voiding dysfunction. The specific details of evaluation and indications per this guideline are not in the medical records. The injured worker has not had a recent and thorough urology evaluation. The urologist had not previously recommended the MedTronic device or an equivalent, and it is not clear why it is indicated now. If there were to have been a recent, thorough urology evaluation resulting in a recommendation for the requested device, it is possible that the necessary indications would be present. Based on the current information in the medical records, there is a lack of sufficient urological evaluation and a lack of sufficient indications for the requested device. The request is not medically necessary.