

<b>Case Number:</b>	CM14-0082466		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/20/2007
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Emergency 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 with reported date of injury on 7/20/2007. Mechanism of injury is described as lifting at work. Patient has a diagnosis of low back pain, L lower extremity radiculopathy and lumbar stenosis. Patient is post bilateral L4-5 laminectomy, R L4-5 foraminotomy, bilateral L5-S1 laminotomy and foraminotomy and L L4-5 and L5-S1 complete facetectomy and L far lateral L4-5 and L5-S1 discectomy with intervertebral prosthesis on 6/17/13. Medical reports reviewed. Last report available until 4/16/14. Patient complains of R lower extremity cramping from upper leg radiating to foot. Awake from sleep due to pain. Improves with stretching. Objective exam reveals normal strength in lower extremities except for R ankle has noted 4/5 EHL weakness. Foot has 5/5 plantar flexion and ankle dorsiflexion. Patient has reported foot drop since surgery and uses a cane. Has ongoing physical therapy. No rationale was provided for WalkAide system request. EMG/NCV was requested "to reevaluate the source of pain, assess for active re-nerveation". Progress states that EMG on 10/21/13 showed electrodiagnostic evidence of R L5 and S1 radiculopathy with axonal loss(actual report was not provided). No medication list was provided but progress notes states that patient is on Flexeril, Norco and Gabapentin. Patient has long going physical therapy. Independent Medical Review is for "Walker AID", EMG of bilateral lower extremity and NCV of bilateral lower extremity. Prior UR on 5/6/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker AID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Ankle and Foot>, <Functional electrical stimulation(FES)>

**Decision rationale:** Clarification, actual device is called "WalkAide System". Review of website shows that the manufacturer claims that their device is a Functional Electrical Strimulation(FES) device and will be reviewed as such. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, FES is only recommended for patient's with spinal cord injury with foot drop. It requires extensive training and physical therapy with the device for over 3months before this device can be recommended. "Walker AID" or "WalkerAide" is not medically necessary.

**EMG of Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing (EMG/NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As per ACOEM Guidelines, EMG may be useful in detecting nerve nerve root dysfunction. Patient has known L5 and S1 radiculopathy. There is not change in clinical exam or subjective complaints. There is no evidence based rationale or any justification noted by the requesting provider except for wanting a repeat test. EMG is not medically necessary.

**NCV of Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing (EMG/NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. Patient has a known cause for ankle weakness which is from back surgery and not from nerve entrapment. There is no documentation of change in clinical presentation of exam. NCV is not medically necessary.

