

Case Number:	CM15-0101978		
Date Assigned:	06/04/2015	Date of Injury:	07/18/2005
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 18, 2005. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for a 'WalkAide' for the lumbar spine. The claims administrator referenced a RFA form received on May 7, 2015 in its determination. The claims administrator noted that the applicant had undergone multiple prior lumbar spine surgeries. The claims administrator framed the request as a device for a functional electrical stimulator device. The applicant's attorney subsequently appealed. On January 21, 2015, authorization for an epidural steroid injection was sought. Ongoing complaints of low back pain radiating into the leg were noted. The applicant had received previous epidural steroid injection therapy, it was acknowledged, as well as extensive prior physical therapy. The applicant's work status was not detailed. On April 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The applicant was on Norco and Medrol, it was reported. The applicant was apparently considering further lumbar spine surgery. The attending provider suggested the applicant obtain a dynamic brace plus electrical stimulator device for the calf to afford a better ambulation. The applicant was described as having highly variable right lower extremity strength ranging 3 to 5- to 5/5 versus 5/5 throughout the left lower extremity. A May 7, 2015 RFA form did request a WalkAide device.

IMR ISSUES, DECISIONS AND RATIONALES

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

WalkAide lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation WalkAide - <http://www.walkaide.com/Pages/default.aspx>.

Decision rationale: WalkAide is a revolutionary FDA cleared medical device that leverages functional electrical stimulation (FES) to improve walking ability of people living with foot drop. The WalkAide is also utilized as a Neuro Rehabilitation tool by Clinicians. Based on the product description, the WalkAide device represents a means of delivering functional electrical stimulation (FES), a variant of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended in the chronic pain context present here but, rather, should be reserved for the poststroke rehabilitative context. Here, there was no evidence that the applicant had sustained a stroke. The applicant's right lower extremity pain, right lower extremity weakness, and/or right lower extremity dysesthesias were attributed to a herniated intervertebral disk at that level. The applicant was apparently in the process of considering epidural steroid therapy and/or spine surgery for the same, it was further noted on April 13, 2015. It did not appear, in short, that the applicant was an appropriate candidate for usage of the WalkAide device/functional electrical stimulation/neuromuscular electrical stimulation. Therefore, the request was not medically necessary.