

<b>Case Number:</b>	CM15-0119378		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 60-year-old female, who sustained an industrial injury on 07/18/2005. She has reported injury to the low back. The diagnoses have included lumbago; lumbar radiculopathy; spinal stenosis, L3-4; and status post left L4-5 laminotomy. Treatment to date has included medications, diagnostics, ankle foot orthosis (AFO), epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; the pain is moderate in severity, rated at 3-6/10 on the pain scale; the pain radiates into the left lower extremity; she is having an acute flare up of these symptoms; pain medication is taken for her pain; and physical therapy had helped her in the past with exacerbations of pain. Objective findings included the low back pain radiates across the low back, to the left sacroiliac joint, sciatic notch, and down the L4 dermatome of the left lower extremity; this is likely related to the L3-4 spinal stenosis identified on her last MRI of the lumbar spine; CT of the lumbar spine shows foraminal stenosis right L5-S1; and she has continuing weakness in her right lower extremity, quadriceps, foot elevator, and gastro-soleus. The provider reported that since her last visit, she was evaluated by a physical medicine and rehabilitation specialist, who has recommended a "walk aide" dynamic AFO brace, which would be beneficial to the injured worker. The treatment plan has included the request for durable medical equipment: walk aide lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: walk aide 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 (ODG), Foot and Ankle, Functional electrical stimulation.

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

**Decision rationale:** MTUS is silent specifically with regards to Walk Aide Lumbar Spine. ODG states "Recommended for foot drop to help patients with spinal cord injury (SCI) to ambulate as indicated below. Functional electrical stimulation (FES) reduces foot drop and improves walking speed. (Springer, 2012) (Marsden, 2012) Therapy combining FES and a conventional rehab program is superior to a conventional rehab program alone, in terms of reducing spasticity, improving dorsiflexor strength and lower extremity motor recovery. (Sabut, 2011) Peroneal FES seems to be superior to an AFO with regard to obstacle avoidance ability in community-dwelling people with stroke. The observed gains in obstacle avoidance ability appear to be clinically most relevant in the people with relatively low leg muscle strength. (van Swigchem, 2012) See also Foot drop treatment. Criteria for use of functional electrical stimulation (FES): Diagnosis of spinal cord injury with intact lower motor units (L1 and below); Can bear weight on upper and lower extremities to maintain an upright posture independently; Shows muscle contraction to neuromuscular electrical stimulation and sensory perception of electrical stimulation sufficient for muscle contraction; Patient is highly motivated and has the cognitive ability to use such devices for walking; Can transfer independently and stand for at least 3 minutes; Has hand and finger function to manipulate the controls; At least 6 months post recovery of spinal cord injury and restorative surgery; No hip or knee degenerative disease and has no history of long bone fracture secondary to osteoporosis; Completion of a training program, 32 PT sessions with the device over a 3 months period; Using devices, such as Parastep I, that are FDA approved for this treatment, but not devices approved as exercise equipment, such as the FES Power Trainer, ERGYS, REGYS, NeuroEDUCATOR, STimMaster Galaxy, RT300 motorized FES ergometer, and SpectraSTIM." The medical documentation provided do not indicate this patient had a spinal cord injury, which is the diagnosis this equipment is approved for per guidelines. As such, the request for Durable medical equipment: walk aide lumbar spine is not medically necessary.