

Case Number:	CM15-0119864		
Date Assigned:	06/30/2015	Date of Injury:	01/04/2001
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 73 year old male, who sustained an industrial injury on 01/04/2001. He reported an onset of pain secondary to lifting a weight. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, post laminectomy syndrome to the lumbar region, and primary localized osteoarthritis other specified sites. Treatment and diagnostic studies to date has included medication regimen, use of a Bioness Ness L300 Unit, above noted procedure, use of a cane, and use of an intrathecal pump. In a progress note dated 05/11/2015 the treating physician reports complaints of constant, dull, aching, pressure, tightness, along with a pins and needles type of pain to the middle and lower back. The injured worker also has complaints of intermittent, aching, cramping, pressure, and sharp pain noting that the pain radiates to the bilateral lower extremities with cramping to the left lower back. The injured worker has associated symptoms of difficulty with sleep, involuntary loss of bowel and bladder, numbness and tingling. Examination reveals decreased strength to the right lower extremity, decreased strength to the bilateral hips, positive sacroiliac distraction testing, crepitus to the right ankle, tenderness to the right ankle, unstable bilateral ankle joints, and decreased range of motion to the left ankle. The injured worker's pain level is rated a 2 out of 10 on a scale of 0 to 10. The treating physician requested the purchase of Bioness Ness L300 Unit noting that use of this unit allows the injured worker to lift his right foot, but the current unit is no longer functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ness L300 Bioness Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle chapter, foot drop treatment, Ankle foot orthosis (AFO); Functional electrical stimulation (FES) and Other Medical Treatment Guidelines
https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/neurostimulation_electrical.pdf,
<http://www.guideline.gov/content.aspx?id=47571&search=neuromuscular+electrical+stimulation+foot+drop>, Neurorehabil Neural Repair. 2015 Feb 4. piiNeurorehabil Neural Repair. 2014 Sep;28(7):688-97.

Decision rationale: Regarding the request for Ness L300 Bioness Unit purchase, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding Ness L300 Bioness specifically, a search of the CA MTUS and ACOEM are silent in regards to this specific modality. ODG recommends ankle foot orthosis as an option for foot drop and functional electrical stimulation for patients with spinal cord injury and foot drop. Literature does not show that this type of electrical stimulation is superior to an ankle foot orthotic device for foot drop. Within the documentation available for review, no documentation was provided stating the patient has failed an ankle foot orthotic device or any functional improvement from this device over an ankle foot orthotic device. Therefore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested Ness L300 Bioness Unit purchase is not medically necessary.