

Case Number:	CM14-0160897		
Date Assigned:	10/06/2014	Date of Injury:	01/20/2001
Decision Date:	11/26/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 63 year old female who sustained a work injury on 1-20-01. Office visit on 7-16-14 notes the claimant is status post interlaminar injection performed on 5-12-14 with 75% pain relief in the back and legs. The claimant reported her pain was increasing. On exam, the claimant had positive SLR at 60 degrees; sensation was decreased in the right leg in the L5 distribution. Strength is decreased in the right at FHL and she was able to heel and toe walk. A second epidural steroid injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) DVT calf wraps (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), Knee and Leg, Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) leg and knee chapter - compression garments.

Decision rationale: ODG notes that compression garments are recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for

how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectasia after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. However, there is an absence in documentation noting that this claimant has any of the conditions for which a compression garment is supported. Therefore, the medical necessity of this request is not established.