

Case Number:	CM14-0199210		
Date Assigned:	12/09/2014	Date of Injury:	06/23/2010
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 New York. 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:

The patient is a 47-year-old female who was injured on June 23, 2010. The patient continued to experience back pain and neck pain. Physical examination was notable for mildly antalgic gait, tenderness over the left greater trochanter, decreased strength to left ankle dorsiflexion and extensor hallucis longus. Diagnoses included left L5 radiculopathy, lumbar spondylolisthesis, cervical stenosis, cervical disc herniation, and status post lumbar spinal laminectomy. Treatment included surgery, medications, and TENS unit. Requests for authorization for pain management consultation and compression stockings were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate; Evaluation of Chronic Pain in Adults

Decision rationale: Many patients with chronic pain may be managed without specialty referral. According to the medical treatment guideline, patients may require referral to a pain specialist

for the following reasons: - Symptoms that are debilitating- Symptoms located at multiple sites- Symptoms that do not respond to initial therapies- Escalating need for pain medication In this case the patient has a prior referral to a pain management consultant. The first visit occurred in May 2014. There is no indication for referral to a second pain management consultant. Therefore, this request is not medically necessary.

Compression stockings: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Stockings (compression)

Decision rationale: According to the Official Disability Guidelines, compression stockings are recommended specific situations. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases 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. In this case documentation in the medical record does not support that the patient is at risk for DVT or is suffering post-thrombotic syndrome, lymphedema, healing leg ulcers. There is no indication for compression stockings. Therefore, this request is not medically necessary.