

<b>Case Number:</b>	CM15-0160855		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/17/1996
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice, Sports 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 46 year old male, who sustained an industrial injury on 7-17-1996. Diagnoses have not been provided. Treatment to date has included medications and transforaminal nerve blocks. Per the Primary Treating Physician's Progress Report dated 7-23-2015, the injured worker reported having more and more pain. He would like to proceed with weight reduction surgery but would need medical clearance due to cardiac history. He reports some relief with transforaminal nerve blocks. Physical examination is not documented. The plan of care included. And authorization was requested for injection to selective nerve block under fluoroscopy L3-4 and L4-6 and 2 pairs of knee high medium compression stockings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selection nerve block lumbar L3-L4, L4-L5 under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient has undergone previous injections; results of these injections are not documented. The patient lack documentation of radicular findings on exams. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not indicated as a medical necessity to the patient at this time.

**Jobst stockings knee high medium compression x 2 pairs:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Procedure; Jt Comm J Qual Patient Saf 2011, Venous thromboembolism prophylaxis in surgical patients.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression Stockings.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Compression Stockings. Guidelines state the following: recommended for the management of telangiectasia after sclerotherapy, and the prevention of edema and lymphedema. There is inconsistent evidence for the use of stockings in preventing post-thrombotic syndrome. The patient does have a history of a-fib, which puts them at risk for DVT. According to the clinical documentation provided and current guidelines, Compression Stockings are indicated as a medical necessity to the patient at this time.