

<b>Case Number:</b>	CM15-0162243		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/18/1994
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 68 year old female who sustained an industrial injury on 8-18-94. She had complaints of low back pain. Progress report dated 7-1-15 reports continued complaints of low back pain with radiation to bilateral lower extremities to her feet. The pain is rated 7 out of 10 and is described as burning, shooting and aching with reports of an electric like pain in both feet at night. The pain is made worse with exercise, carrying heavy items, sitting, standing, walking and bending. Medications help function by 100%. Diagnoses include: post-laminectomy syndrome of the lumbar region and lumbar disc degeneration. Plan of care includes: medication taper related to approvals, continue medication coverage or self-pay, order biostim INF and 18 TED stockings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 TED 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 & Leg Chapter, 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) compression stockings.

**Decision rationale:** The California MTUS and the ACOM do not specifically address the requested service. The ODG states that compression garments are indicated in the treatment of telangiectases after sclerotherapy or varicose veins, prevention of edema and DVT, lymphedema, progression of post thrombotic syndrome and the healing of leg ulcers. The patient does not have any of these diagnoses and therefore the request is not medically necessary.