

<b>Case Number:</b>	CM14-0147892		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/12/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71 year old male who sustained an industrial injury on 02/12/01. He reports intermittent severe left lower back pain. Treatments to date include medications. Diagnoses include chronic lumbosacral strain, bulging lumbar disc L2-5, lumbar lordosis, cumulative trauma injury disorder to lower back, and lumbar spinal stenosis. In a progress noted dated 07/29/14 the treating provider reports tenderness and spasms in the lower back. The treatment plan consists of self-administered aqua therapy and gym membership, medications, anti-embolism stockings, sacro-EX auto cushion, and select comfort mattress. On 08/19/14 Utilization Review non-certified left shoe lift, antiembolism stockings, and sacro- EZ auto cushion, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoe Lift 7/16 inch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot Procedure Summary last updated 7/29/14.; Low Back Procedure Summary last updated 7/3/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Shoe insoles/shoe lifts

**Decision rationale:** The patient presents with pain affecting the low back accompanied with spasms. The current request is for Left Shoe Lift 7/16 inch. The treating physician report dated 8/21/14 (113) states, "In order to get at his back, it is necessary to treat his left knee. He was better when he had these lifts and they do work for him in relieving his pains empirically." The MTUS does not address the current request. The ODG has the following regarding shoe lifts: "Recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention." In this case, there is no documentation that the patient has a significant leg length discrepancy in the medical reports provided for review. Furthermore, there is no evidence in the documents provided that show the patient stands for prolonged periods of time. The current request does not satisfy the ODG guidelines as outlined in the "Low Back" chapter. Recommendation is for denial.

**Bilateral XXXXL B-K Anti-Embolism Stockings:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Procedure Summary last updated 6/5/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Compression garments

**Decision rationale:** The patient presents with pain affecting the low back accompanied with spasms. The current request is for Bilateral XXXXL B-K Anti-Embolism Stockings. The treating physician report dated 8/21/14 (113) states, "Patient now has edema both legs with left leg calf ~2 cm larger than right calf even though last visit he had no peripheral edema but was unable to wear any BK "unavailable- Stockings to prevent this swelling. The report goes on to state, BILATERAL XXXXL B-K ANTIEMBOLISM STOCKINGS worse today since these were not approved with predictable swelling now and increased risks of DVT. The MTUS guidelines do not address the current request. The ODG has the following regarding compression garments: "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 telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT)." In this case, the patient presents with edema in the bilateral leg and the physician feels that these stockings are essential to improving the patient's symptoms. Furthermore, the physician has stated that the patient is at risk of DVT if the swelling in the patient's legs is not controlled and the ODG guidelines recommends the use of compression garments in the treatment of edema and prevention of DVT. Recommendation is for authorization.

**Sacro EZ Auto cushion:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary last updated 7/3/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Supports

**Decision rationale:** The patient presents with pain affecting the low back accompanied with spasms. The current request is for Sacro EZ Auto cushion. The treating physician report dated 8/21/14 (113) states, "Of course also increased back pains with increased stress to lower back without the previously used and effective SACRO-EZ AUTO CUSHION." The MTUS guidelines do not address the current request. The ODG has the following regarding lumbar support: "Not recommended for prevention. Recommended as an option for treatment. See below for indications". Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use. In this case, the patient presents with diagnoses including lumbar spinal stenosis, severe lumbosacral disc disease, chronic lumbosacral strain, and cumulative trauma injury disorder to lower back. The ODG guidelines recommend the usage of lumbar supports for the treatment of nonspecific low back pain. The current request satisfies the ODG guidelines as outlined in the "Low Back" chapter. Recommendation is for authorization.