

Case Number:	CM14-0219332		
Date Assigned:	01/09/2015	Date of Injury:	12/19/2012
Decision Date:	03/05/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 59 year old male sustained a work related injury on 12/19/2012. According to a progress report dated 12/05/2014, the injured worker complained of neck pain that radiated down the right upper extremity and low back pain that radiated down the bilateral lower extremities and bilateral feet and was accompanied by numbness and tingling intermittently. He also reported bilateral knee pain. Diagnoses included Chronic pain other, Lumbar Disc Displacement, Lumbar Facet Arthropathy, Lumbar Radiculopathy, Lumbar Spinal Stenosis, Anxiety, Depression and Diabetes Mellitus. Treatment recommendations included a home exercise program and a Lumbar Epidural Steroid Injection bilateral L4-5. According to the provider, the injured worker requested compression stockings for leg pain. On 12/15/2014, Utilization Review non-certified compression stocking for leg pain. According to Utilization Review physician, medical treatment guidelines do not support the use of compression stocking for leg pain. Guidelines cited for this review included Official Disability Guidelines Knee and Leg Procedure Summary. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Compression stocking for leg pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 12/19/2012. The medical records provided indicate the diagnosis of chronic pain other, Lumbar Disc Displacement, Lumbar Facet Arthropathy, Lumbar Radiculopathy, Lumbar Spinal Stenosis, Anxiety, Depression and Diabetes Mellitus. The medical records provided for review do not indicate a medical necessity for. While the Official Disability Guidelines recommends the use of compression stockings for management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT), and healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema, the Guidelines makes no recommendation for the use of compression stocking in the treatment of pain. The MTUS Chronic pain guidelines do not recommend the use of compression stockings for the any pain condition. The requested treatment is not medically necessary and appropriate.