

<b>Case Number:</b>	CM13-0022542		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spinal Surgery and is licensed to practice in California. 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 physician 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:

This employee is a 58 year old male with industrial injury 5/11/11. History of lumbar radiculopathy with surgical intervention. MRI lumbar spine 3/7/12 demonstrates report of 8 mm disc herniation with bilateral neuroforaminal stenosis. Exam note 6/12/13 demonstrates report of neck and low back pain. Report of tenderness over paravertebral muscles. Decreased sensation over left L4/5 distribution. Low back pain elicited with straight leg testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for one heat pack (through [REDACTED] between 7/26/2013 and 9/26/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** In this case the patient has chronic low back pain and does not meet criteria for a heat pack per the guidelines above. Therefore the determination is for non-certification.