

Case Number:	CM13-0028416		
Date Assigned:	11/27/2013	Date of Injury:	03/12/2003
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 54 year old male who reported an injury on 03/12/2003. The mechanism of injury was being hit with a back hoe. He subsequently received an unknown duration of physical therapy, and EMG/NCS, cervical epidural injections, a fusion at C3-4, C4-5, and C5-6, multiple imaging studies, removal of hardware and repeat fusion at C5-6, acupuncture, left elbow surgery, unspecified, additional physical therapy, pain management, and was felt to be permanent and stationary. He returned to work and reinjured himself two additional times. The patient complains of chronic headaches, neck, low back, bilateral shoulder and bilateral wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 112 day rental of a water circulating heat pad with pump for DOS between 4/12/2013 and 8/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/heat packs

Decision rationale: The California MTUS and ACOEM guidelines did not address heat therapy, therefore, the Official Disability Guidelines were supplemented. ODG recommends heat therapy as an option for acute pain, but states that at-home, local applications of heat are sufficient. The medical records submitted for review did not provide any documentation supporting the need for a water circulating heat pad. As such, the request for a 112 day rental of a water circulating heat pad with pump for DOS between 04/12/2013 and 08/01/2013 is non-certified.

Retrospective request for 1 sacroiliac orthosis, flexible, includes straps, closures, and fitting and adjustment for DOS 4/12/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The CA MTUS/ACOEM Guidelines states that the use of a lumber support is not recommended, as there is no evidence it is beneficial past the acute phase of injury. It should be noted that the patient has no diagnosis of sacroiliac dysfunction nor subjective complaints relating to this area, therefore it is unknown why this orthotic was prescribed. As such, the retrospective request for 1 sacroiliac orthosis, flexible, includes straps, closures, and fitting and adjustment for DOS 04/12/2013 is non-certified.