

Case Number:	CM13-0030749		
Date Assigned:	11/27/2013	Date of Injury:	01/29/2007
Decision Date:	04/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Internal Medicine, 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 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/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 46-year-old female who reported an injury on 01/29/2007 where she sustained a blow to the head, which caused her to fall. The patient reportedly injured her head, neck, and shoulders. The patient's treatment history included medications, physical therapy, and psychiatric support. The patient's most recent clinical evaluation submitted for review was dated 11/14/2012. It was noted that the patient had 8/10 pain at that time. Objective findings include tenderness along the cervical spinal musculature and restricted range of motion secondary to pain. A request was made for a Thermophore heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMOPHORE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: There was no recent clinical evaluation submitted for review to support the appropriateness of the request. California Medical Treatment Utilization Schedule recommends passive modalities be accompanied by active therapies. As there was no recent clinical

documentation to support the request, the appropriateness of a thermophore heating pad cannot be determined. As such, the requested THERMOPHORE HEATING PAD is not medically necessary or appropriate.