

<b>Case Number:</b>	CM13-0044170		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/23/2008
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 44 year-old male with a 6/23/09 industrial injury claim. He has been diagnosed with: a 4mm lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain; chronic cervical strain; bilateral shoulder rotator cuff syndrome; bilateral knee strain; bilateral knee patellofemoral syndrome; history of cervical cord injury with temporary paralysis; bilateral ankle and foot pain; sleep and psyche issues; high blood pressure; internal medicine and neurology issues. The IMR application shows a dispute with the 10/7/13 UR decision, which was from CID and recommended non-certification of Biotherm 4 oz., based on the 7/22/13 report from [REDACTED]. The 7/22/13 report states the patient's upper and lower back pain is unchanged from previous visit, and gabapentin and Flexeril heal alleviate his pain. The physician did not discuss efficacy of Biotherm, but did recommend the refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biotherm 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 8 &9 , 566 & 578.

**Decision rationale:** There is no description of what Biotherm 4 oz. is composed of, or whether it provides any functional improvement. MTUS states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. " MTUS does not recommend continuing medications or therapies that do not produce functional improvement. Based on the available medical reporting, the Biotherm is not in accordance with MTUS guidelines and is not medically necessary and appropriate