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| Case Number: | CM13-0045917 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/17/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Occupational Medicine, 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:

This is a 40 year-old male with a 12/17/12 date of injury. The patient was seen on 10/03/13 with complaints of 8/10 low back pain. She was instructed to continue use of paraffin baths at time. She was seen again on 10/26/13 with neck, low back, and left shoulder pain. Exam findings revealed tenderness in the L spine, AC joint, and Trapezius with limited range of motion of the neck and back. The patient was noted to continue her medications and paraffin baths. The diagnosis is cervical and Lumbar DDD, and rotator cuff syndrome. Treatment to date includes medications, HEP, TENS, paraffin baths. An adverse determination was received on 10/14/13 given the patient the patient was treated with paraffin in the past for his low back and there was no documentation regarding its efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath for Home Use, Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Forearm, Wrist, and Hand Chapter Paraffin Bath).

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. In this case, the request is for a paraffin bath for the low back. While heat therapy is recommended for chronic low back pain, it is unclear why the patient cannot use a heating pad or other device. In addition, the patient is noted to be using a paraffin bath but per the progress notes, it is not clear to what area the patient is using the bath, and whether there is a benefit to the baths. In addition, the patient is not noted to have arthritis of the hands. Therefore, the request for a paraffin bath for home use is not medically necessary.