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| Case Number: | CM13-0046678 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/14/2013 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 6/14/13. The patient is diagnosed with lumbar sprain/strain and left sacroiliac sprain/strain. The patient was seen by [REDACTED] on 10/14/2013; she reported 7/10 low back pain. Physical examination revealed limited lumbar range of motion with tenderness to palpation and positive Kemp's testing on the left. Treatment recommendations included a qualitative drug screening, extracorporeal shockwave lithotripsy, and a prescription for Thermacare.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Thermacare back and hip wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that at home local applications of heat or cold are as effective as those performed by a therapist. The Official Disability Guidelines state that low level heat wrap therapy is effective for treating low back pain. As per the clinical documentation submitted, the patient was previously dispensed a hot

therapy pack as well as a moist heating pad. The patient's physical examination on the requesting date indicated limited lumbar range of motion with tenderness to palpation and positive Kemp's testing. There is no documentation of a musculoskeletal deficit with regard to bilateral hips. There is also no indication of ineffectiveness of local applications of heat and cold as recommended by the California MTUS/ACOEM Practice Guidelines. Based on the clinical information received, the request is noncertified.