

<b>Case Number:</b>	CM14-0108201		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old male who reported an injury on 06/23/2012. The mechanism of injury was not provided. His diagnoses include cervical strain, thoracic strain, and lumbosacral strain. His treatments included exams, x-rays, physical therapy consults and MRI. Diagnostic studies included x-rays and MRIs. On 06/04/2014, the injured worker was seen for headaches and pain. The pain level was a 7/10. The injured worker stated that he received his AME on 02/25/2014 which identified the neck and back at P&S with FMC. Medications included hydrocodone. On examination, there was myofascial tenderness present. There was radiculitis bilateral for the upper extremity. There was decreased range of motion of the cervical spine with positive Spurling's. Cervical and paravertebral muscle spasm with guarding. The request is for ThermaCare cold/hot packs #30 for the back and neck. The rationale was not provided. The Request for Authorization was dated 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare cold/hot packs #30 for the back and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), [www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm) ODG (Official Disability Guidelines), [www.odg-twc.com/odgtwc/neck.htm](http://www.odg-twc.com/odgtwc/neck.htm).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298.

**Decision rationale:** The injured worker has a history of chronic pain. The California MTUS Guidelines support the use of heat and cold therapy as an option in acute and subacute low back pain but do not support any specific items over ordinary heat packs or ice. The guidelines also do not support ongoing treatment without documentation of objective functional benefit from the use of heat and cold packs. Documentation provided does not address the medical necessity for the treatment outside of the guidelines. As such, the request for Thermacare cold/hot packs #30 for back and neck is not medically necessary and appropriate.