

Case Number:	CM14-0015248		
Date Assigned:	02/21/2014	Date of Injury:	10/25/2000
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old male was injured on January 25, 2000. The current diagnosis is listed as a sprain of the lumbar region (847.2). However, there are ongoing complaints of postsurgical neck pain, bilateral upper extremity pain, numbness and tingling in both upper extremities. Narcotic medications are prescribed. Progress notes from January, 2013 noted a weight gain, thyroid disease, and chronic pain issues. Comorbidities include diabetes, coronary artery disease and a psychiatric malady. The November progress note indicated postsurgical neck pain rated at 7/10. There was tenderness to palpation noted a physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR-CARE HEATING PAD SYSTEM PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); shoulder chapter; updated June, 2014

Decision rationale: There is limited data presented to support this request. Furthermore, notin the MTUS or ACOEM guidelines do not address such a intervention. When noting the injury sustained, the diagnosis rendered, the date of injury and the findings on physical examination, there is no indication for the purchase of a heating pad type device. As such, there is insufficient clinical evidence presented to support this request.