

Case Number:	CM14-0016207		
Date Assigned:	03/05/2014	Date of Injury:	06/01/1995
Decision Date:	04/23/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

The patient is a 59-year-old male who reported an injury on 06/01/1995. The patient reportedly injured his lower back while trying to assist a large electronic lift gate to open at the back of a truck. The patient is currently diagnosed with chronic pain. The patient was seen by [REDACTED] on 02/17/2014. The patient reported left hip and groin pain. The patient reported improvement in symptoms with a heating pad. Physical examination on that date revealed tenderness to palpation of the lumbar spine, positive trigger points, diminished range of motion, weakness, and intact sensation. Treatment recommendations at that time included an appeal request for a thermophore heater.

IMR ISSUES, DECISIONS AND RATIONALES

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

SMALL HYDROCOLLATOR, THERMOPHORE MOIST HEATING PAD: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat

or cold are as effective as those performed by therapists. Although it is noted that the patient reported relief of symptoms with a thermophore heating pad, there was no documentation of any objective functional improvement as a result of the ongoing use of the heating pad. While it is noted that the patient suffers from a hyper-coagulation disorder and has been recommended to only undergo conservative treatment, there is no mention of a contraindication to at-home local applications of heat as opposed to an electrical heating pad, as recommended by California MTUS/ACOEM Practice Guidelines. Based on the clinical information received, the request is non-certified.