

Case Number:	CM14-0020946		
Date Assigned:	04/30/2014	Date of Injury:	10/13/2006
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back, neck, and shoulder pain associated with an industrial injury date of October 13, 2006. Treatment to date has included medications, home exercise program, and TENS unit, and heat patches (prescribed since December 2013). Medical records from 2008 through 2013 were reviewed, which showed that the patient complained of low back, neck, and shoulder pain associated with right foot and right shin pain. On physical examination, gait was abnormal. Range of motion was reduced at both shoulders and the lumbar spine. There was tenderness noted on the thoracolumbar spine, bilateral trapezius, left parascapular area, and the lateral aspect of the foot. There was reduced sensation on the left lower extremity and atrophy was also noted. The patient ambulated with a cane. Utilization review from February 13, 2014 denied the request for heat patches, one month supply, because there was no documentation of its medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEAT PATCHES, ONE MONTH SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat Therapy.

Decision rationale: CA MTUS does not specifically address heat patches. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that heat therapy is recommended as an option. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low back pain. In this case, given the 2006 date of injury, the patient's pain is of chronic nature. ODG is silent regarding the use of heat therapy in chronic pain. Furthermore, the present request did not specify the number of patches to be dispensed. In addition, the frequency and duration of use as well as body part to be treated were not indicated. The request is incomplete; therefore, the request for HEAT PATCHES, ONE MONTH SUPPLY is not medically necessary.