

<b>Case Number:</b>	CM14-0030230		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and Washington. 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 58-year-old male who reported an injury on 09/24/2013. The mechanism of injury was a slip and fall. The diagnoses included low back pain, lumbar disc displacement, lumbosacral radiculopathy, and myofascial dysfunction. In the clinical note dated 02/10/2014, it was reported the injured worker complained of low back pain radiating to bilateral legs, left greater than right, with numbness to the knees and occasionally below. He rated his pain 7/10 to 8/10 in severity. Prior treatment included NSAIDs, pain medications, work restrictions, and physical therapy. On the physical examination, the provider indicated that findings included tenderness to palpation of the thoracic paraspinal muscles, positive straight leg raise bilaterally, and reduced sensation to light touch in the left L2 dermatome and right L4 and L5 dermatomes. It was noted that the treating provider dispensed a Custom Touch Heat Pack to help the injured worker continue his physical therapy treatment. The Request for Authorization form was not provided in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom touch heat pack purchase ( DOS: 2/10/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -

Treatment of worker's Compensation , Online Edition, (Chapter: Low Back-Lumbar &Thoracic), Heat therapy.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that at home and local applications of heat or cold are as effective as those performed by therapists. More specifically, the Official Disability Guidelines recommend heat therapy as a number of studies show continuous low level heat wrap therapy to be effective for treating low back pain. The guidelines also state that the combination of continuous low-level heat wrap therapy and exercise significantly improves functional outcomes in the treatment of low back pain. In addition, 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, and that the addition of exercise further reduces pain and improves function. The clinical information submitted for review shows that a heat wrap was dispense to facilitate continued physical exam treatment. As the guidelines state that low-level heat wrap therapy has been shown to be beneficial, with exercise, in the treatment of low back pain, the request is supported. Therefore, the request for a custom touch heat pack purchase, date of service 02/10/2014 is medically necessary and appropriate.