

Case Number:	CM14-0035464		
Date Assigned:	06/23/2014	Date of Injury:	01/26/2011
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 records presented for review indicate that this 52 year-old female was reportedly injured on 1/26/2011. The mechanism of injury is noted as being knocked down by two dogs. The most recent progress note, dated 9/9/2013 indicated that there were ongoing complaints of bilateral shoulder and upper extremity pain and low back pain, with numbness and tingling of bilateral lower extremities. The physical examination demonstrated bilateral shoulder positive tenderness to palpation at the subacromial space, supraspinatus, infraspinatus, and acromioclavicular joint. There was decreased range of motion, positive Neers impingement sign and positive Empty Can test. Neurological: Slight decreased sensation to light touch over C5-C6, C7-C8, and T-1 dermatomes in the bilateral upper extremities. Muscle strength: bilateral upper extremities revealed decreased muscle strength along C5, C6, C7, CA, and T-1 dermatomes secondary to pain. Lumbar spine: positive tenderness to palpation at the lumbar paraspinal muscles L2-L5. Decreased range of motion. Positive straight leg raise bilaterally at 30. Decreased sensation to light touch at L4-L5, and S1 dermatomes bilaterally. L2, L3, L4, L5, and S1 muscle strength are decreased at the bilateral lower extremities secondary to pain. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy and conservative measures. A request was made for water circulating heat pad with pump, and was not certified in the pre-authorization process on 2/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for: Water cir heat pad w/pump dates of service 731/2013 to 7/31/2013: 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) 2014 Low Back lumbar supports Treatment Official Disability Guidelines (ODG) 2014 Pain Chapter: Hot cold Therapy.

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 - Lumbar & Thoracic (Acute & Chronic) updated 7/3/2014. (Heat therapy).

Decision rationale: A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. (Nadler-Spine, 2002) (Nadler, 2003) (Lurie-Luke, 2003) (Berliner, 2004) (Lloyd, 2004) (Nuhr-Spine, 2004) Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. (Mayer-Spine, 2005) 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. (French-Cochrane, 2006) Heat therapy has been found to be helpful for pain reduction and return to normal function. After reviewing the medical documentation provided as well as ODG it is noted that heat therapy has benefits in treating acute low back pain, however the injured worker suffers from chronic low back pain. There is no supporting documentation for clinical trials for the use of this as a long-term treatment modality. Therefore the request for this equipment is deemed not medically necessary.