

Case Number:	CM14-0035512		
Date Assigned:	06/23/2014	Date of Injury:	02/26/2002
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/23/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 determination

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 51 year old female with date of injury 2/26/2002. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain, neck pain and headaches since the date of injury. She has been treated with physical therapy, acupuncture and medications. MRI of the lumbar spine performed in 04/2003 revealed disc disease at L5-S1. Objective: tenderness to palpation of the cervical and lumbar spine, decreased range of motion of the cervical spine, positive straight leg raise bilaterally. Diagnoses: cervical neuritis and radiculopathy, lumbosacral neuritis. Treatment plan and request: Gluco/scond MSM 30, ThermaCare patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gluco/Scond MSM #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines on Cryotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 308.

Decision rationale: This 51 year old female has complained of lower back pain, neck pain and headaches since date of injury 2/26/2002. She has been treated with physical therapy,

acupuncture and medications. The current request is for Gluco/scond MSM 30. Per the MTUS guideline cited above, Gluco/scond MSM 30 is not recommended as a treatment for back pain. On the basis of the MTUS guideline cited above, Gluco/scond MSM 30 is not indicated as medically necessary.

Thermacare patches back/hip #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 308.

Decision rationale: This 51 year old female has complained of lower back pain, neck pain and headaches since date of injury 2/26/2002. She has been treated with physical therapy, acupuncture and medications. The current request is for ThermaCare patches. Per the MTUS guideline cited above, ThermaCare patches are not a recommended treatment for back pain. At home heat therapy is indicated as optional. Per the MTUS guideline cited above, ThermaCare patches are not indicated as medically necessary.