

<b>Case Number:</b>	CM14-0041287		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/03/1994
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58 year old female with a 11/3/1994 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 3/4/14 noted subjective complaints of 9/10 constant low back pain, radiating to her right foot and left thigh. She complains of having to urinate frequently. Objective findings included intact sensation but diminished in the right leg. Negative SLR. DTRs 2+ except left Achilles 1+. A 11/2013 progress report noted that a urology consultation had been certified at that time. Diagnostic Impression: lumbar strain. Treatment to Date: medication management. A UR decision dated 3/19/14 denied the request for consultation - urology. The same request was certified 11/13/13. The requesting provider has agreed with this. It also denied the request for ThermaCare Patches #50. Medical evidence-based guidelines do not support the use of this type of product wherein a warm compress would suffice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation- Urology QTY:1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM occupational Medical Practice Guidelines, Second Edition, Chapter 7 , page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations pp 127, 156, Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in review of the records, a urology consultation was certified in 11/13. It is unclear why the patient would need another authorization for the same consultation. Therefore, the request for consultation - urology was not medically necessary.

**ThermaCare Patches QTY 50.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition 2007, Arm and hand-Cold, Heat.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Thermacare).

**Decision rationale:** MTUS and ODG do not specifically address this issue. The FDA states that Thermacare heat wraps provides temporary relief of minor muscular and joint aches and pains associated with overexertion, strains, sprains and arthritis. However, there is insufficient evidence that the ThermaCare Heat Patch has any increased efficacy as compared to simple warm compress or heat pack. Therefore, the request for TheramaCare Patches QTY 50 was not medically necessary.