

Case Number:	CM14-0066390		
Date Assigned:	07/14/2014	Date of Injury:	12/21/2011
Decision Date:	09/18/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 58-year-old male who was reportedly injured on 12/21/2011. The mechanism of injury was not listed. The most recent progress note dated 4/2/2014, indicated that there were ongoing complaints of neck pain and low back pain that radiated into the right lower extremity. The physical examination demonstrated cervical spine limited range of motion. Upper extremity reflexes were 2/4 except for brachioradialis on the right. Thoracic spine exam unremarkable. Lumbar spine was with limited range of motion. Positive lumbar facet loading bilaterally. Straight leg raise was positive on the right 40 sitting. Ankle jerk was on the right and 2/4 on the left. Positive tenderness to palpation in the rhomboids and trapezius muscles. Motor strength was 5/5 bilateral upper and lower extremities. Decreased sensation to light touch over thumb, middle finger, and lateral thigh on the right side. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injections, medications, and conservative treatment. A request was made for ThermaCARE heat wraps #30 1 refill and was not certified in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare Heatwrap #30 Refill: 1: 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) - Treatment in Workers' Compensation (TWC), Low Back Chapter; Cold/Heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 162 & 300.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines state self-applications of heat therapy, including a heat wrap, is recommended for treatment of acute, subacute, or chronic low back pain. However, use in chronic low blood pressure (LBP) is suggested to be minimized to flare-ups with the primary emphasis in chronic LBP patients being placed on functional restoration elements including aerobic and strengthening exercises. Application of moist heat by a health care provider in conjunction with an exercise program may have some short-term value in the treatment of acute LBP for a single treatment primarily for demonstrative and educational purposes. However, there are no significant evidence-based medicine clinical trials stating the superiority of this treatment modality versus simple home-based heat packs. Therefore, lacking significant evidence, this recommendation is deemed not medically necessary.