

<b>Case Number:</b>	CM14-0069435		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Family Medicine and is licensed to practice in California. 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 26 year old female whose date of injury is 06/24/2013. The mechanism of injury is described as picking up trash bags and throwing them in the dumpster at work. The treatment to date includes lumbar facet blocks on 10/16/13, physical therapy, acupuncture, chiropractic treatment and medication management. Cervical magnetic resonance image dated 02/25/14 revealed 1-2 mm posterior disc bulge at C3-7 without evidence of canal stenosis or neural foraminal narrowing. Lumbar magnetic resonance image dated 03/13/14 revealed disc bulging at L2-3 through L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a heating pad with pump, QTY: 1 for a 4 month period of time:** 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), Neck and Upper Back Chapter

**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 Chapter, Cold/heat packs

**Decision rationale:** Based on the clinical information provided, the request for rental of a heating pad with pump qty 1 for a 4 month period of time is not recommended as medically necessary. There is no clear rationale provided to support the requested heating pad. There is no current, detailed physical examination submitted for review. The Official Disability Guidelines note that cold/heat packs are recommended as an option for acute pain. Given the current clinical data, medical necessity of the requested durable medical equipment is not established in accordance with the Official Disability Guidelines.