

<b>Case Number:</b>	CM14-0073018		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 54-year-old female who was injured on December 17, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 28, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a hypertensive individual (140/102) with a decrease in lumbar spine range of motion. Grip strength was also noted to be weak and facet loading was positive. Diagnostic imaging studies noted degenerative changes. Previous treatment included transcutaneous electrical nerve stimulation unit, multiple medications and other pain management interventions. A request was made for heat/cold wrap and was not certified in the pre-authorization process on April 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-Hot/Cold Therapy w/Wrap:** Upheld

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

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

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine guidelines, there are many forms of heat therapy, which can be applied. When considering the date of injury, the injury sustained, and the current findings on physical examination, there is no particular clinical indication for the purchase of such a device. As such, based on the clinical information presented for review, this is not medically necessary.