

<b>Case Number:</b>	CM14-0074958		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 patient was injured 12/2/2010 when he lost his balance and slipped on rollers while working as a security guard, falling on his right knee and hitting his head. He has low back pain, per IMR application. He has also complained of neck pain, bilateral (worse on right) shoulder pain with dysesthesias in the right upper extremity, knee pain and pain with breathing. Lumbar MRI was normal on 3/11/11. He is appealing the 4/25/14 denial of a water circulating heat pad with pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Circular Heat Pad with Pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 44, 48, 288, 299-300, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Heat Therapy

**Decision rationale:** There is no current medical information presented establishing the need for heat therapy of any kind. The most recent information is from 2011. ACOEM Guidelines note that with the initial approach to treatment (early in the course), heat is a modality that may be used to manage musculoskeletal symptoms, including those from the low back. This however is

a chronic case of low back pain. ODG addresses heat therapy for low back pain and recommends it, but in the form of a low-level heat wrap. Again, there is no information submitted to support the current need for any treatment for this patient's low back pain. The denial for this heating system is upheld.