

Case Number:	CM14-0083103		
Date Assigned:	07/09/2014	Date of Injury:	03/25/2008
Decision Date:	08/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 New Jersey. 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 49 year old female who was injured on 3/25/08. She was diagnosed with chronic right hip pain, depression and anxiety related to chronic pain, right lateral femoral cutaneous neuropathy, and possible underlying lumbar radiculopathy. She was treated with oral medications, topical medications and heat therapy, injections in her hip, stimulation unit, surgery (right hip), and cognitive behavioral therapy treatments. The injured worker was seen on 5/6/14 by her pain specialist complaining of right hip pain, right leg pain, left knee pain, and left foot pain. She reported the use of Opana helping her pain as well as the Neurontin and Flector patch. She also reported that the use of Thermacare heat patches at night help her to relax at night and sleep. She also admitted to using Lunesta and Silenor for her sleep. She also uses Seroquel, Xanax, Pristiq, and Wellbutrin. Medications and heat pads were requested for the worker to continue using.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare Heat patches: Overturned

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), , 12th Edition, Low Back (updated 3/31/2014) Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Heat therapy.

Decision rationale: The MTUS/ACOEM Guidelines are not specific as to whether or not heat therapy is appropriate for long-term use, but does mention it as an acceptable and essentially harmless conservative method to treat acute low back pain, or any other muscle pain (typically up to 2 weeks). The Official Disability Guidelines (ODG) recommends heat therapy as an option for low back pain, as it has been shown to reduce pain (although small and short-term) and increase function, especially when used during exercise during recovery from musculoskeletal injuries. However, for this treatment method to be justified for continuation, the patient needs to exhibit or report improvements in function and pain-relief attributable to its use. In the case of this injured worker, she reported getting relief of her pain with Thermacare heat pad use as well as improved sleep. Although not much more detail was given about the heat therapy affecting her function and pain, this is enough to warrant its continuation as it is a conservative noninvasive treatment that is helping her. Therefore the request for Thermacare heat patch is medically necessary and appropriate.