

Case Number:	CM14-0091189		
Date Assigned:	07/25/2014	Date of Injury:	06/02/2012
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 06/02/2012. The injury reportedly occurred when he slipped and fell while walking downstairs at work. His diagnoses include lumbar strain, disc herniation, and lumbar radiculopathy. His previous treatments were noted to include medications, physical therapy, and chiropractic treatment. On 04/26/2014, the injured worker underwent a Qualified Medical Evaluation and his symptoms were noted to include low back pain, rated 7/10. His physical examination revealed tenderness to palpation over the lumbosacral junction, decreased range of motion of the lumbar spine, normal motor strength in the bilateral lower extremities, normal sensation in the bilateral lower extremities, positive straight leg raising bilaterally, and normal reflexes in the bilateral lower extremities. A medication list was not provided within the clinical information. A request was received for a Paraffin Bath Kit with G & B Wax Bundle with 3 refills. However, a current treatment plan with a rationale for the request and the Request for Authorization form were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Kit with G & B Wax Bundle with 3 refills: 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), Forearm, Wrist, & Hand (updated 02/18/14) Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, Paraffin wax baths.

Decision rationale: The requested service is not medically necessary. According to the Official Disability Guidelines, paraffin wax baths are recommended as an option for arthritic hands when used as an adjunct to a program of evidence based functional restoration. The clinical information submitted for review failed to provide a rationale for the request, including the body part which is to be treated with the requested paraffin bath kit. The only clinical note provided for review addressed only low back symptoms. The injured worker was not noted to have arthritic hands for which a paraffin wax bath would be indicated. Further, the documentation failed to indicate whether the request was being recommended as an adjunct to a therapeutic exercise program. Therefore, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.