

Case Number:	CM14-0092578		
Date Assigned:	07/25/2014	Date of Injury:	11/18/2013
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 39-year-old male who has submitted a claim for back/head laceration associated with an industrial injury date of 11/18/2013. Medical records from 11/18/2013 to 07/25/2014 were reviewed and showed that patient complained of continued neck pain graded 7/10 with arm pain/numbness. Physical examination revealed limited cervical spine ROM. Sensation was decreased over the right C7-8 dermatomal distribution. MRI of the cervical spine dated 03/04/2014 revealed disc desiccation C2-C3 down to C6-C7, straightening of the cervical lordosis with decreased ROM, and disc protrusion C3-4 down to C6-C7. MRI of the left shoulder dated 03/05/2014 revealed flat, laterally downsloping acromion, osteoarthritis of the AC joint, supraspinatus and infraspinatus tendinitis, synovial effusion, and subacromial/subdeltoid bursitis. Treatment to date has included C6-7 interbody fusion (02/13/2014), posttraumatic dissection of fistula of internal carotid artery (11/18/2013), physical therapy, and pain medications. Utilization review dated 06/18/2014 denied the request for electric moist heating pad. However, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Moist Heating Pad: Upheld

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

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, Cold/Heat packs; Neck & Upper Back, Cold Packs.

Decision rationale: The California MTUS does not address heating pads specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. Local applications at home of cold/heat pack in the first few days of acute pain; thereafter, applications of heat packs or cold packs. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders. In this case, the physical findings do not reveal evidence of acute neck pain exacerbation. Cold/heat pack applications are only recommended by the guidelines for the first few days of acute pain. It is unclear as to why variance from the guidelines is needed. Therefore, the request for Electric Moist Heating Pad is not medically necessary.