

<b>Case Number:</b>	CM14-0186799		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 28 year old female with an injury date of 12/23/13. Based on 10/09/14 progress report, the patient complains of continuous neck and low back pain rated 8/10. She also complains of headaches, photophobia, heartburn and dizziness. The patient suffers from depressed mood and hallucinations as well. Physical examination reveals tenderness to palpation in the lumbar paraspinal musculature. The patient experienced a flare-up in her pain and her condition worsened with prolonged bending, stooping and heavy lifting, as per progress report dated 10/13/14. As per the QME report dated 10/08/14, the patient has difficulty with activities of daily living. Cervical compression test and shoulder depression test are positive on the left while the cervical distraction test is positive bilaterally from C1-C7. Kemp's test was positive bilaterally from L1-L5. Her medications, as per psychiatric evaluation dated 10/15/14, include Naproxen, Toradol, Lexapro, and NyQuil. The patient has completed 12 sessions of chiropractic treatment with no benefit, as per progress report dated 10/09/14. The patient has also used a TENS unit to manage her pain, as per progress report dated 08/21/14. The patient has been allowed to return to modified work, as per progress report dated 10/09/14. EMG/NCV, 10/15/14: Bilateral lumbar radiculopathy involving S1 nerve roots. Diagnoses. 10/16/14:- Back pain, lower-Anxiety- Cervicalgia /Neck pain- Depression - Major - Not SpecifiedThe treater is requesting for paraffin bath for home use for the lumbar spine. The utilization review determination being challenged is dated 10/30/14. The rationale was "Any evidence of arthritis is not specified in the records provided." Treatment reports were provided from 05/22/14 - 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath for home use for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Heating Devices Number: 0540 Official Disability Guidelines (ODG) Forearm, Wrist Hand (Acute & Chronic)' and topic Paraffin Wax Baths

**Decision rationale:** The patient presents with continuous neck and low back pain, rated 8/10, along with headaches, photophobia, heartburn and dizziness, as per progress report dated 10/09/14. The request is for paraffin bath for home use for the lumbar spine. Regarding paraffin wax baths, ODG guidelines, chapter 'Forearm, Wrist Hand (Acute & Chronic)' and topic 'Paraffin Wax Baths', states, "recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Review of the reports does not show arthritis of the hands. Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." Some reports are not very legible. The request for Paraffin wax bath could not be found in any of the progress reports. The Request for Authorization form states that the request is for paraffin wax bath (body part not specified) while the UR letter states that the request is for "paraffin bath for home use (lumbar spine)." The ODG guidelines do not discuss the benefit of this unit for the back and only recommend it to patients with an arthritic hand. Since the treater does not discuss the need for this unit and the progress reports do not reflect a diagnosis of arthritic hands, this request IS NOT medically necessary.