

Case Number:	CM14-0189714		
Date Assigned:	11/20/2014	Date of Injury:	12/08/2007
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 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:

Injured worker is a male with date of injury 12/8/2007. Per follow up report of a primary treating physician dated 5/16/2014, the injured worker complains of chronic pain in his lumbar spine. He is status post left microdecompression. He has improved, however, he is still having some residual numbness and tingling in his left lower extremity. His depression is better controlled. He is presently employed with modifications. On examination there is spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Diagnosis is lumbar disc disorder with myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Victory Therapy System: 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), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 287-289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Heat Therapy section

Decision rationale: The clinical notes provided for review make no reference to this request. This appears to be a retrospective review for the Victory Therapy System and Victory Heat Therapy Unit following surgery on 3/2/2012. The claims administrator indicates that this request has previously been denied, and is basing the decision on guidelines that do not support circulating heat units over standard reusable heat packs. The MTUS Guidelines recommend the use of heat packs for the treatment of low back pain. Heat therapy units are not discussed within the MTUS Guidelines. The ODG recommends the use of heat therapy as an option, and supports the use of continuous low level heat wrap therapy. The medical reports do not discuss the use of heat therapy, prior experience with heat therapy, and rationale for this particular system. Medical necessity has not been established. The request for Victory Therapy System is determined to not be medically necessary.

Victory Heat Therapy Unit: 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), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 287-289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Heat Therapy section

Decision rationale: The clinical notes provided for review make no reference to this request. This appears to be a retrospective review for the Victory Therapy System and Victory Heat Therapy Unit following surgery on 3/2/2012. The claims administrator indicates that this request has previously been denied, and is basing the decision on guidelines that do not support circulating heat units over standard reusable heat packs. The MTUS Guidelines recommend the use of heat packs for the treatment of low back pain. Heat therapy units are not discussed within the MTUS Guidelines. The ODG recommends the use of heat therapy as an option, and supports the use of continuous low level heat wrap therapy. The medical reports do not discuss the use of heat therapy, prior experience with heat therapy, and rationale for this particular system. Medical necessity has not been established. The request for Victory Heat Therapy Unit is determined to not be medically necessary.