

Case Number:	CM14-0190473		
Date Assigned:	11/21/2014	Date of Injury:	03/01/2001
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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:

The injured worker is a 48-year-old male who reported an injury on 03/01/2001; the mechanism of injury was not provided. On 10/07/2014, the injured worker presented with continued low back pain. Current medications included Norco, methadone, testosterone cypionate, and TheraCare. Examination of the lumbar spine noted tenderness over the lumbar paraspinal muscles with decreased flexion, extension, and lateral bending noted. The diagnoses were lumbago, lumbar radiculitis, thoracic radiculitis, myofascial pain syndrome, and fibromyalgia. The provider recommended a TheraCare cool wrap; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ThermaCare cool wraps: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for TheraCare cool wraps is not medically necessary. The California MTUS/ACOEM Guidelines state that at home local applications of cold packs during

the first few days of acute complaints is recommended. There is no medical indication for the use of Thermacare cool wraps. Additionally, the provider does not give a rationale for recommending Thermacare cool wraps in place of local at home applications of cold packs. The site at which the Thermacare cool wraps were indicated for was not provided in the request as submitted. There is a lack of exceptional factors provided in the documentation submitted to support approving outside guideline recommendations. As such, medical necessity has not been established.