

<b>Case Number:</b>	CM14-0205901		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51 year old female with date of injury 5/22/14. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. She has been treated with chiropractic therapy, physical therapy and medications. MRI of the lumbar spine performed in 09/2014 was unremarkable. Objective: decreased and painful range of motion of the lumbar spine, paraspinous lumbar musculature tenderness to palpation, positive straight leg raise bilaterally. Diagnoses: lumbar pain, lumbar radiculopathy, lumbar sprain. Treatment plan and request: heating pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Back Heating Pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Heat Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 5/22/14. She has been treated with chiropractic therapy, physical therapy and

medications. The current request is for a low back heating pad. Per the ACOEM guidelines cited above, at home applications of heat or cold are as effective as those performed by therapists. On the basis of the available medical records and the ACOEM guidelines cited above, low back heating pad is not indicated as medically necessary.