

Case Number:	CM14-0206259		
Date Assigned:	12/18/2014	Date of Injury:	04/17/2012
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male who sustained a work related injury on 4/17/2012 related to hanging drywall. He underwent lumbar surgery on 2/13/ 2014. Per the Primary Treating Physician's Progress Report dated 9/23/2014, the injured worker reported pain in the lower back and buttocks. He does experience some cramping in his right leg at night but no longer has pain in the legs since surgery. He also reports pain/numbness in the right buttocks. Prior care has included physical therapy and home exercises. He uses a TENS unit. Objective physical examination revealed tenderness to palpation and lumbar spasm with hyper tonicity. Diagnoses include lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis, lumbar sprain/strain, myofascial pain and lumbar radiculopathy. The plan of care included medications, TENS unit and surgical intervention. He underwent the scheduled right hemilaminectomy and discectomy of L5-S1 on 11/06/2014. Work Status is off work. On 11/11/2014, Utilization Review non-certified a prescription for a hot patch based on lack of medical necessity. The CA MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot Patch: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, Cold/heat packs

Decision rationale: The patient is status post right hemilaminectomy and discectomy at L5-S1 on 11/06/14, as per the operative report. The request is for HOT PATCH. The patient complained of constant lower back pain radiating to the lower extremities, as per progress report dated 10/16/14. The pain was rated at 7/10, as per progress report dated 09/18/14. The patient is status post another lumbar surgery on 02/13/14, as per progress report dated 06/20/14. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Cold/heat packs' states that hot treatments are "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain." In this case, the patient is status post right hemilaminectomy and discectomy at L5-S1 on 11/06/14, as per the operative report. The Request for Authorization form is dated 10/16/14. In progress report with the same date, the treater states that the patient has been scheduled for surgery, indicating that this is a prospective request. ODG guidelines allow for use of heat packs for acute pain, which may be associated with the surgery. However, the treater does not discuss the number of hot patches and the duration of the treatment. Hence, the request IS NOT medically necessary.