

Case Number:	CM15-0002160		
Date Assigned:	01/13/2015	Date of Injury:	12/11/2013
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 37-year-old male who reported an injury on 12/11/2013. The mechanism of injury was due to bending and lifting. Relevant diagnoses included lumbago, displacement of the lumbar intervertebral disc without myelopathy, and unspecified myalgia and myositis. Past treatments included medications, chiropractic therapy, electrical stimulation, modified work activity, and pain management. On 11/26/2014, the injured worker complained of bilateral low back pain that radiated to both lower extremities, including the buttocks, with associated symptoms of numbness in the bilateral lower extremities. Physical examination revealed a neurological exam indicating a normal mood and affect; orientation to time, place, and person; and an intact memory. Examination of the musculoskeletal system indicated a slow gait with difficulty changing positions. The pain behavior examination indicated that his pain behaviors were within expected context of disease. His current medications included meloxicam 7.5 mg and Relafen 750 mg. The treatment plan included multipurpose ice and heat wrap pads. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Purpose Ice and Heat Wrap Pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: The request for multi purpose ice and heat wrap pads is not medically necessary. According to the California MTUS/ACOEM Guidelines, physical modalities, such as home treatment with heat or cold applications are as effective as those performed by a therapist. In addition, there has been no proven efficacy treating acute low back symptoms with ice and heat wrap pads. The injured worker was indicated to have chronic low back pain with radiating symptoms. However, there was lack of documentation of a clear rationale indicating medical necessity to warrant the request. In addition, the evidence based guidelines do not support the request due to limited evidence of efficacy, as home applications of hot/cold packs are as effective as those performed by a therapist. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.