

Case Number:	CM15-0003443		
Date Assigned:	02/18/2015	Date of Injury:	11/04/2011
Decision Date:	03/31/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 33 year old male, who sustained an industrial fall injury reported on 11/4/2011. He has reported low back pain, attenuated by medication and acupuncture. The diagnoses were noted to have included lumbar & thoracic sprain/strain. Treatments to date have included consultations; diagnostic imaging studies; acupuncture treatments; ultrasound treatments; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work on modified duties. On 12/11/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/3/2014, for 1 paraffin treatment. The Medical Treatment Utilization Schedule, chronic pain medical treatment, low level heat wrap therapy/paraffin, low back; and the Official Disability Guidelines, low back-lumbar & thoracic (acute & chronic), were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 paraffin treatment: 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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Forearm, wrist and hand section

Decision rationale: Pursuant to the Official Disability Guidelines, paraffin wax is not medically necessary. Paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to program of evidence-based conservative care (exercise). Paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. In this case, the injured worker's working diagnoses are lumbar sprain/strain and thoracic sprain/strain. Subjectively, the injured worker complains of low back pain 4-5/10. Symptoms are attenuated with medications and acupuncture. A paraffin treatment was given on December 3, 2014. Paraffin is recommended as an option for arthritic hands if used as an adjunct to our program of evidence-based conservative care. There is no clinical indication for paraffin wax with low back strain/sprain or thoracic strain/sprain. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for a paraffin treatment, retrospective one paraffin treatment is not medically necessary.