

<b>Case Number:</b>	CM15-0009114		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/25/1988
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male who sustained an industrial injury reported on 2/25/1988. He has reported a 2-3 day (temporary) severe increase in low back pain after losing his balance walking down hill and catching himself, without falling. The diagnoses have included post-laminectomy syndrome of lumbar region; degeneration of lumbar or lumbosacral intervertebral disc; chronic pain syndrome; drug induced impotence; spondylosis; and severe depression. Treatments to date have included consultations; diagnostic laboratory and imaging studies; cervical and lumbar fusion surgeries (1987, 1998, 2004 & 2011) and laminectomy (1986); physical therapy and functional restoration program; and long-term medication management. The work status classification for this injured worker (IW) was not noted. On 12/16/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/, for TheraCare large/X-large back/hip bandage 10 units with 5 refills, and TheraCare large/X-large back/hip bandage 1 unit with 5 refills. The Official Disability Guidelines treatment index, low back/heat therapy, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermaCare Large/XLarge Back/Hip Bandage QTY: 10 Unit with 5: 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), 2014, Low Back, Heat Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, Heat therapy

**Decision rationale:** The patient presents with 2-3 day (temporary) severe increase in low back pain after losing his balance walking down hill and catching himself, without falling. The current request is for ThermaCare large/X-large back/hip bandage QTY: 10 Unit with 5. The treating physician states, patient reports 2-3 days of severe increase in his low back pain after losing his balance after walking down a hill at home but managed to catch himself without falling in a report dated 11/07/14 (11C). MTUS guidelines do not address ThermaCare Heat Patches. The ODG guidelines state: Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. One study compared the effectiveness of the [REDACTED] Back Plaster, the [REDACTED] Warme-Pflaster, and the [REDACTED] ThermaCare HeatWrap, and concluded that the ThermaCare HeatWrap is more effective than the other two. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. Heat therapy has been found to be helpful for pain reduction and return to normal function. In this case, the treating physician, based on the documents available for review has been renewing a prescription for ThermaCare since at least September 2014. While the ODG guidelines support this form of heat therapy, the MTUS guidelines on page 60 require the physician to document pain and function with chronic medication usage. There is no indication that the continued prescription of ThermaCare has provided any functional relief for this patient. The current request is not medically necessary and the recommendation is for denial.