

Case Number:	CM15-0108619		
Date Assigned:	06/12/2015	Date of Injury:	12/24/1984
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 64 year old female, who sustained an industrial injury on December 24, 1984. She reported neck pain and bilateral upper extremity pain with associated weakness and numbness. The injured worker was diagnosed as having cervical disc disorder, post-cervical laminectomy and carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, carpal tunnel surgery, conservative care, medications and work restrictions. Currently, the injured worker complains of continued pain as noted. The injured worker reported an industrial injury in 1984, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 6, 2015, revealed continued pain as noted. Evaluation on May 14, 2015, revealed continued pain as noted. She reported the pain to be 8 on a 1-10 scale with 10 being the worse pain ever felt. She reported poor sleep quality as well. A thermophor heating pad was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One thermophor heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, heat therapy.

Decision rationale: The patient presents with neck pain radiating to upper extremity rated 6/10 with and 8/10 without medications. The request is for one thermophor heating pad. The request for authorization is not provided. The patient is status-post fusion at C5-6, date unspecified. CT of the cervical spine, 10/03/05, shows moderate to prominent diffuse degenerative changes with reversal of the normal lordotic curve and slight anterior slip of C4 on C5. MRI of the cervical spine, 10/03/05, shows moderate diffuse degenerative changes with narrowing of AP spinal canal, greatest at C5-6. Physical examination of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted and limited by pain. Tenderness is noted at the paracervical muscles, rhomboids, trapezius and levator scapulae. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Light touch sensation is decreased over thumb on both sides. Patient's medications include Levsin, Nexium, Zofran, Norco, Colace and Lipitor. Per progress report dated 05/14/15, the patient is P&S and not working. ODG Low Back Chapter has the following regarding heat therapy, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain." ODG further states, "Active warming reduces acute low back pain during rescue transport. 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." ODG also supports heat as a method of pain reduction for knee complaints, also. Per progress report dated 05/14/15, treater's reason for the request is "for myofascial pain relief. Patient notes that she has used a Thermaphor heating pad previously, which was helpful for pain reduction. She needs a replacement pad." The patient presents with neck pain radiating to upper extremity. ODG guidelines recommend the use of heat therapy for acute low back pain and knee pain, which this patient does not present with. In this case, there is lack of guideline support for a Thermophore Heat Pad. Therefore, the request is not medically necessary.