

Case Number:	CM15-0132860		
Date Assigned:	07/21/2015	Date of Injury:	08/08/2000
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on August 8, 2000, incurring upper, mid and low back injuries. She was diagnosed with a cervical sprain, thoracic sprain, lumbar disc herniation, right and left carpal tunnel syndrome. Treatment included left carpal tunnel release, pain management, muscle relaxants, sleep aides and topical analgesic gel. Currently, the injured worker complained of lower extremity pain after a fall at work on February 9, 2015. She noted neck and back, wrist and hands pain. The treatment plan that was requested for authorization included a heating pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation 2015: Neck: Heat/cold applications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Application of cold packs the first few days following acute injury followed by heat packs has been shown to be beneficial in symptom relief. However there is no evidence-based medical information supporting cold/heat packs for mechanical neck pain, as this patient complains of. The date of injury was also 15 years ago, so it is not an acute injury. In the records submitted, there is a lack of documentation as to the therapeutic purpose if the heat pad. There is also no documentation of previous heat pad usage to the neck which has resulted in any functional benefit. Therefore the request is not medically necessary.