

<b>Case Number:</b>	CM15-0199818		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 52 year old female, who sustained an industrial injury on 06-07-2010. She has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included cervical strain with disc disease; lumbar strain with disc protrusion and disease; and bilateral shoulder impingement. Treatment to date has included medications, diagnostics, activity modification, and acupuncture. Medications have included Mobic and Omeprazole. A progress report from the treating physician, dated 08-12-2015, documented an evaluation with the injured worker. The injured worker reported multiple complaints regarding her neck, back shoulder, knee pain, and left foot and heel; and difficulty with activities of daily living. Objective findings included tenderness and tightness of the cervical spine; she moves the head and neck slowly; tightness and spasm of the trapezius; lumbar spine range of motion is decreased; straight leg raise test is positive; and the shoulder impingement test is positive bilaterally. The treatment plan has included the request for electric heating pad purchase. The original utilization review, dated 09-16-2015, non-certified the request for electric heating pad purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric heating pad purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Heat/cold packs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, electric heating pad purchase is not medically necessary. Cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, application of heat packs or cold pack. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal activities. In this case, the injured worker's working diagnoses are cervical strain with disc disease; lumbar strain with disc protrusion and disease; left plantar fasciitis; and bilateral shoulder impingement. Date of injury is June 7, 2010. Request for authorization is September 9, 2015. According to a first visit orthopedic initial encounter dated August 12, 2015, subjective complaints include neck, back, shoulder and knee and left foot and heel pain. Objectively, there is tightness in the cervical spine and trapezius. The recommendations include a request for chiropractic treatment and an electric heating pad. There is no clinical documentation indicating why moist heat applications provided by the injured worker at home cannot be used. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, electric heating pad purchase is not medically necessary.