MAXIMUS Federal Services

Case Number:	CM15-0025013		
Date Assigned:	02/17/2015	Date of Injury:	02/26/2007
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: North Carolina, Georgia
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 53 year old male who sustained an industrial injury on 02/23/2007. Current diagnoses include lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, spinal stenosis/lumbar region, lumbar facet syndrome, and lumbar radiculopathy. Previous treatments included medication management, TENS unit, home exercise program, and epidural steroid injections. Report dated 01/20/2015 noted that the injured worker presented with complaints that included continued low back pain with numbness and tingling sensation in the bilateral lower extremities. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/02/2015 non-certified a prescription for electric heating pad, moist (lumbar spine), based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Heat Pad, moist (lumbar spine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2014: low back: Heat therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: CA MTUS Section on chronic pain does not address the use of proprietary heat patches. ACOEM Chapter on Low Back recommends the use of cold packs in the first few days following injury, then recommend application of heat to provide relief from pain. There is no evidence to support the use of a proprietary heat patch over an ordinary heat pack. The requested heat pack is an ordinary heat pack and is medically indicated.