

Case Number:	CM15-0028707		
Date Assigned:	02/20/2015	Date of Injury:	08/12/1996
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: District of Columbia, Virginia
 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 55 year old female, who sustained an industrial injury on 8/12/1996. The diagnoses have included lumbar degenerative disc disease, post laminectomy syndrome of lumbar, myofascial pain and lumbosacral or thoracic neuritis or radiculitis. Treatment to date has included medications, TENS unit, pool exercise and exercise. She is status-post lower back surgery in 2001 and 2004. Currently, the IW complains of continued low backspin with radiation into the left leg, latero-posteriorly with numbness and tingling. Pain had increased recently with more pain in the left calf. Objective findings included tenderness to palpation of the posterior spinal muscles with spasm, abnormal reflexes, a normal gait, and radicular pain at the L5-S1 dermatome-lateral posterior lower left extremity. On 2/06/2015, Utilization Review modified a request for 1 moist electric heating pad and heel cups noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM Guidelines were cited. On 2/06/2015, the injured worker submitted an application for IMR for review of 1 moist electric heating pad and heel cups.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 moist electric heating pad and heel cups: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 162.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 35, 44, 299.

Decision rationale: Per ACOEM: Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free. The patient had ongoing pain issues of the lumbar back. A heat pad would be appropriate, as per guidelines above.