

<b>Case Number:</b>	CM15-0213289		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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:

This 60 year old woman sustained an industrial injury on 8-8-2000. Diagnoses include cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel surgery. Treatment has included oral medications. Physician notes dated 6-9-2015 show complaints of neck pain, upper and lower back pain, and bilateral wrist and hand pain. The physical examination shows diminished sensation to light touch at the mid-anterior thigh, mid-lateral calf, and lateral ankle. Recommendations include bath tub safety bars, shower chair, bedside commode, heating pads, lumbosacral orthotic, pain medicine consultation, and follow up in three months. Utilization Review denied a request for heating pads on 9-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of 2 heating pads for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic (Acute and Chronic) Chapter (Online Version) Cold/Heat packs.

**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 - Lumbar & Thoracic Chapter, under Cold/heat packs.

**Decision rationale:** The patient was injured on 08/08/00 and presents with neck pain, upper/lower back pain, bilateral wrist pain, and hand pain. The request is for the purchase of 2 heating pads for the lumbar spine. There is no RFA provided and the patient's current work status is not provided either. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, under Cold/heat packs Section states, "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs." The patient is diagnosed with cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel surgery. The treater does not discuss the request. The patient continues to have neck pain, upper/lower back pain, bilateral wrist pain, and hand pain. ODG guidelines recommend heating pad for acute low back conditions. In this case, the patient does not present with acute low back pain, as indicated by ODG guidelines for a heating pad. Therefore, the request is not medically necessary.