

Case Number:	CM15-0032217		
Date Assigned:	02/25/2015	Date of Injury:	03/29/1999
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 male, who sustained an industrial injury on 3/29/1999. The diagnoses have included postlaminectomy syndrome, lumbar region. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of low backache, rated 8.5/10 with medications and 10/10 without. Sleep quality was reported as fair and activity level was unchanged. Current medications included Aspirin, Oxycontin, Oxycontin ER, and Norco. Exam of the lumbar spine noted restricted range of motion, tenderness to palpation to the paravertebral muscles, with spasm and tight muscle band on both sides. Lumbar facet loading was positive bilaterally. Recent diagnostic testing was not referenced. On 1/23/2015, Utilization Review non-certified a request for 2 Thermacare Heat wraps, noting the lack of compliance with ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) thermacare heatwraps: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Heat therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses heat therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that at-home local applications of heat are as effective as those performed by therapists. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. One study compared the effectiveness of the [REDACTED] Back Plaster, the [REDACTED] Warne-Pflaster, and the [REDACTED] ThermaCare Heat Wrap, and concluded that the ThermaCare Heat Wrap is more effective than the other two. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain. Heat therapy has been found to be helpful for pain reduction and return to normal function. Medical records document a history of lumbar spine surgery and low back conditions. The request for ThermaCare Heat Wrap is supported by MTUS and ODG guidelines. Therefore, the request for thermacare heat wraps is medically necessary.