

Case Number:	CM15-0051053		
Date Assigned:	03/24/2015	Date of Injury:	01/10/2013
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 1/10/15. The injured worker was diagnosed as having discogenic cervical condition with disc disease from C3-C7 and right sided radiculopathy, status post fusion L4-5, head injury status post-concussion with persistent headaches, blurry vision, memory changes, difficulty with concentration, anxiety, stress and issues with eight loss, sleep, stress and depression. Treatment to date has included oral medications including physical therapy, opioids, shoulder trigger point injection, topical medications and activity restrictions. Currently, the injured worker complains of neck and back pain. On physical exam tenderness is noted along the lumbosacral area with decreased range of motion. The treatment plan included continuing medications and authorization for a back brace and hot and cold wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold wrap, QTY: 1: Upheld

Claims Administrator 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, Heat/Cold.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a heat and ice wrap, ACOEM Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat and ice wrap. In the absence of clarity regarding those issues, the current request is not medically necessary.