

Case Number:	CM15-0052495		
Date Assigned:	03/25/2015	Date of Injury:	01/02/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old female, who sustained an industrial injury on January 2, 2014. The injured worker was diagnosed as having lumbar sprain/strain, low back pain, and lumbar degenerative disc disease per MRI with radicular symptoms. Treatment to date has included acupuncture, lumbar spine MRI, physical therapy, chiropractic treatments, TENS, home exercise program (HEP), and medication. Currently, the injured worker complains of low back pain and right leg pain. The Treating Physician's report dated February 5, 2015, noted the injured worker reported that medications help with no side effects noted. The lumbar spine was noted to have tenderness to palpation. The Physician noted the treatment plan included recommendation for an electromyography (EMG)/nerve conduction velocity (NCV), continuation of medications, TENS, and home exercise program (HEP), and recommendation of a heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308;310.

Decision rationale: Heating pad is not medically necessary per the MTUS Guidelines. The ACOEM MTUS Guidelines state that at home applications of heat have a level D evidence which means that a panel interpretation of information does not meet inclusion criteria for research-based evidence. There are no extenuating factors that would require a heating pad in the documentation submitted therefore this request is not medically necessary.