

Case Number:	CM15-0053984		
Date Assigned:	03/27/2015	Date of Injury:	05/30/2007
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male who sustained an industrial injury on 05/30/2007. He has reported subsequent back pain and was diagnosed with lumbar/lumbosacral disc degeneration. Treatment to date has included oral pain medication, trigger point injections and a home exercise program. In a progress note dated 02/25/2015, the injured worker complained of continued severe pain but there was no specification as to the location of the pain. No specific objective examination findings were documented. A request for authorization of thermacare heating pads was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare heat pads #30 with 2 refills: 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) heat therapy, low back chapter.

Decision rationale: The Official Disability Guidelines address the use of heat therapy and recommend it as an option. Recent data supports that the Thermacare heat wrap is more effective than other tested products. While the guidelines state that that heat therapy has been found to be helpful for pain reduction and return to normal function, this patient has been utilizing this treatment modality for several years with no current evidence of improvement in function to warrant continued use. At this time, given the lack of objective exam findings provided in the case documents from the primary treating physician, it appears that the decision to non-certify the request per utilization review is reasonable due to lack of evidence supporting treatment efficacy. Therefore, the request to continue Thermacare treatment is not considered medically necessary.