

<b>Case Number:</b>	CM15-0057297		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 17, 2009. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for paraffin bath unit. Non-MTUS ODG Guidelines were invoked, along with progress notes of February 3, 2015, January 29, 2015, and January 30, 2015. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant was placed off of work, on total temporary disability owing to 8/10 complaints of shoulder pain, myofascial pain syndrome, and elbow pain. The applicant was asked to continue Neurontin, omeprazole, and tramadol. The applicant was asked to follow up with her psychiatrist. The applicant was using lisinopril for hypertension. Trigger point injection therapy was proposed while the applicant was kept off of work. In a January 23, 2015, RFA form, TENS unit patches were endorsed. On February 27, 2015, Neurontin, LidoPro, and omeprazole were endorsed, while the applicant was kept off of work, on total temporary disability, owing to ongoing complaints of neck pain. The applicant was using a TENS unit, Theracine massager, and a heating pad, it was acknowledged. A paraffin bath kit was subsequently sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Paraffin Bath Kit:** 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), Forearm, Wrist & Hand Chapter, Paraffin wax baths.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** No, the request for a paraffin bath kit was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as the paraffin bath unit at issue should be employed "sparingly" during the chronic pain phase of a claim when used to facilitate active therapies. Here, however, the attending provider acknowledged that the applicant was already using a variety of passive modalities, including a TENS unit, a Theracine massager, a heating pad, topical compounds, etc. Adding a paraffin bath kit to the mix, thus, ran counter to the MTUS principles and parameters. In this case, the applicant was, furthermore, off of work, on total temporary disability, indicating that the applicant was seemingly not intent on the employing the paraffin bath unit in question as a means of facilitating functional restoration. Therefore, the request was not medically necessary.