

<b>Case Number:</b>	CM15-0081136		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained an industrial injury on 01/22/2011. He has reported subsequent neck, low back and left knee pain and was diagnosed with lumbosacral or thoracic neuritis or radiculitis, cervical radiculitis, lower back, left knee and upper/lower extremity pain. Treatment to date has included oral and topical pain medication, TENS unit and a home exercise program. In a progress note dated 03/24/2015, the injured worker complained of neck, low back and left knee pain with numbness and tingling of the left upper extremities and headaches. Objective findings were notable for decreased range of motion of the cervical spine, lumbar spine and left knee and tenderness to palpation of the paraspinal muscles with spasm and guarding. The physician noted that a 10 minute trial of a heating pad was performed and was noted to induce muscle relaxation and provide mild symptom relief. A request for authorization of an electric heating pad, moist was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Heat Pad, Moist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 299.

**Decision rationale:** The ACOEM chapter on low back complaints in Table 12-5 recommends at home local applications of cold in the first few days of acute complaint, thereafter, applications of heat or cold. Therefore the request for a heating pad is medically necessary.