

Case Number:	CM13-0046466		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2002
Decision Date:	03/13/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48-year-old male patient who was a lathe machinist; the mechanism of injury was not provided, but the date of injury was 12/17/2002, resulting in an injury to his L5-S5 with disc radiculopathy. On 09/22/2010, the patient was status post laminectomy at L3-4 with re-exploration laminectomy at L4-5 with discectomy at L4-5 with neurolysis of the left L4-5 nerve roots with lysis of adhesions under fluoroscopy localization with intraoperative use of microscope and SSEP neurophysiological monitoring. On 10/04/2013, objective findings were that there was no change in both hands. The treatment plan was to start with a paraffin machine and supplies for home use as well as a medical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Machine and Supplies for home use: 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, Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: The Official Disability Guidelines state that paraffin wax baths, combined with exercise, can be recommended for beneficial short-term effects for arthritic hands and that the conclusions are limited by methodological considerations, such as the poor quality of trials. On 10/21/2013, objective findings were that there were no changes, and the patient subjectively complained of both hands being "bad." The patient was using a cane to ambulate. Given that the Guidelines address paraffin wax for hands and not back, the request is non-certified.

Medical Evaluation: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, office visits.

Decision rationale: The decision for a medical evaluation is non-certified. The California MTUS/ACOEM state that patients with potentially work-related low back complaints should have follow-up every 3 to 5 days. When a release to modify, increase or full duty status is needed, follow-up might be expected every 4 to 7 days. The documentation provided did not indicate the medical indications for the medical evaluation in aiding diagnosis clarification, prognosis or therapeutic management. As such, the request is non-certified.