

<b>Case Number:</b>	CM14-0129143		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/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:

The records, presented for review, indicate that this 49-year-old individual was reportedly injured on May 7, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note indicated that there were ongoing complaints, but no specifics were reported. The physical examination was not listed. Diagnostic imaging studies were not noted. Previous treatment included multiple physical modalities. A request had been made for water circulating heating pad with pump for the cervical and lumbar spine, water circulating cold pad with pump for the cervical and lumbar spine, cervical vital wrap pad for water circulating heat unit replacement for cervical and lumbar spine, and lumbar vital wrap pad for water circulating heat unit replacement and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request of rental of E0217 water circulating heat pad with pump for the cervical and lumbar spine:** 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), Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

**Decision rationale:** As noted in the ACOEM guidelines, heat packs, heat wraps and other white sheet applications are indicated for the 1st few days of acute injury. When considering the date of injury, the injury sustained, the findings of physical examination and the parameters noted within the ACOEM guidelines, there is insufficient clinical evidence presented to support the medical necessity of this device.

**Retrospective request of E0218 water circulating cold pad with pump for the cervical and lumbar spine:** 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), Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

**Decision rationale:** As noted in the ACOEM guidelines, heat packs, heat wraps and other white sheet applications are indicated for the 1st few days of acute injury. When considering the date of injury, the injury sustained, the findings on physical examination and the parameters noted within the ACOEM, there is insufficient clinical evidence presented to support the medical necessity of this device.

**Retrospective request of E0249 cervical vitalwrap pad for water circulating heat unit replacement for cervical and lumbar spine:** 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), Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

**Decision rationale:** As noted in the ACOEM guidelines, heat packs, heat wraps and other white sheet applications are indicated for the 1st few days of acute injury. When considering the date of injury, the injury sustained, and the findings on physical examination and the parameters noted within the ACOEM guidelines, there is insufficient clinical evidence presented to support the medical necessity of this device.

**Retrospective request E0249 lumbar vitalwrap pad for water circulating heat unit replacement for DOS 7/19/13 to 10/10/13 for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lowback-Cryotherapy/cold/heat packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 162, 300.

**Decision rationale:** As noted in the ACOEM guidelines, heat packs, heat wraps and other white sheet applications are indicated for the 1st few days of acute injury. When considering the date of injury, the injury sustained, the findings of physical examination and the parameters noted within the ACOEM guidelines, there is insufficient clinical evidence presented to support the medical necessity of this device.