

Case Number:	CM14-0145936		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2001
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 54-year-old female with a reported date of injury of 03/01/2004. The mechanism of injury was a fall. The diagnosis included cervical spondylosis. The past treatments were not documented in the records. There was no diagnostic imaging testing provided for review. There was no surgical history noted in the records. The subjective complaints on 07/07/2014 included neck pain that felt as though she had a block of cement in the region of the left trapezius musculature and she could not sleep at night. The objective physical examination noted a decreased range of motion in the neck and lower back. The medications included Ambien and Soma. The treatment plan was to try Lidoderm patches and a neurosurgeon consult with [REDACTED]. A request was received for 1 neck pad between 08/20/2014 and 10/04/2014; 1 large knee pad between 08/20/2014 and 10/04/2014; and 1 extra large heating bed pad between 08/20/2014 and 10/04/2014. The rationale for the request was not provided. The Request for Authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neck Pad between 8/20/2014 and 10/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck, Heat/cold applications.

Decision rationale: The request for 1 Neck Pad between 8/20/2014 and 10/4/2014 is not medically necessary. The Official Disability Guidelines state heat/cold applications are recommended however Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders. The injured worker has chronic neck and low back pain. There was a lack of documentation regarding why the injured worker would need a neck pad. While neck pads are recommended there was no rationale provided with the request. In the absence of a rationale the request is not supported by the guidelines. As such, the request is not medically necessary.

1 Large Knee Pad between 8/20/2014 and 10/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Cold/heat packs.

Decision rationale: The request for 1 Large Knee Pad between 8/20/2014 and 10/4/2014 is not medically necessary. The Official Disability Guidelines state cold/heat packs are recommended. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. The injured worker has chronic neck and low back pain. There was a lack of documentation regarding why the injured worker would need a knee pad or how it would be used. While knee pads are recommended there was no rationale provided with the request. In the absence of a rationale the request is not supported by the guidelines. As such, the request is not medically necessary.

1 Extra Large Heating Bed Pad between 8/20/2014 and 10/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Cold/heat packs.

Decision rationale: The request for 1 Extra Large Heating Bed Pad between 8/20/2014 and 10/4/2014 is not medically necessary. The Official Disability Guidelines state cold/heat packs are recommended as an option to treat acute pain. The injured worker has chronic neck and low back pain. There was a lack of documentation regarding why the injured worker would need a heating pad or how it would be used. While heating pads are recommended there was no rationale provided with the request. In the absence of a rationale the request is not supported by the guidelines. As such, the request is not medically necessary.