

Case Number:	CM14-0153872		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2007
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/21/2014

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 Preventive Medicine 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 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:

According to the records made available for review, this is a 52-year-old female with an 11/8/07 date of injury. At the time (8/22/14) of request for authorization for Thermacare Large/X-Large Back/Hip Bandage: Apply 3 to affected area #90 with 3 Refills, there is documentation of subjective (right sided neck pain rated 3-4/10, right upper extremity weakness) and objective (tenderness over supraclavicular region, and midline cervical spine, shoulder internal rotation limited to 15 degrees) findings, current diagnoses (fibromyositis, displacement of cervical intervertebral disc with myelopathy, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy), and treatment to date (exercises, activity modification, and medications (including ongoing use of Thermacare heat wraps (since at least 2/6/14)). 8/4/14 medical report identifies that Thermacare wraps help decrease pain level by at least 50% and allow for continued daily function. There is no documentation of acute/subacute pain and an intention for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare Large/X-Large Back/Hip Bandage: Apply 3 to affected area #90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back : Cold/Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heating Therapy Other Medical Treatment Guideline, or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS reference to ACOEM identifies that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat and that these palliative tools may be used on a trial basis but should be monitored closely. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of heating therapy used for short-term treatment of acute/subacute pain as criteria necessary to support the medical necessity of heating therapy. Within the medical information available for review, there is documentation of diagnoses of fibromyositis, displacement of cervical intervertebral disc with myelopathy, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. In addition, given documentation that Thermacare wraps help decrease pain level by at least 50% and allow for continued daily function, there is documentation of functional benefit or improvement because of Thermacare use to date. However, given documentation of an 11/8/07 date of injury, there is no documentation of acute/subacute pain. In addition, given medical records reflecting prescription for Thermacare since at least 2/16, there is no documentation of an intention for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Thermacare Large/X-Large Back/Hip Bandage: Apply 3 to affected area #90 with 3 Refills is not medically necessary.