

Case Number:	CM14-0210955		
Date Assigned:	12/23/2014	Date of Injury:	11/21/2011
Decision Date:	02/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, California
 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:

This is a 46 year old female patient who sustained a work related injury on 11/21/11 Patient sustained the injury due to cumulative trauma The current diagnoses include status post cervical epidural steroid injection bilateral C4-6, chronic pain, cervical disc degeneration, cervical radiculopathy, statuspost cervical spinal fusion and lumbar radiculitis Per the doctor's note dated 11/17/14, patient has complaints of neck pain with tingling and numbness in the bilateral upper extremities to the level of the fingers and low back pain at 2-8/10 Physical examination of the revealed muscle spasm, tenderness on palpation, range of motion of the cervical spine was slightly to moderately limited, decreased sensation in the bilateral upper extremities, decreased strength in the extensor muscles bilaterally and Spurling's test was positive bilaterally. The current medication lists include Flexeril and Motrin The patient has had CT Myelography of Cervical Spine Date: 3-27-14 that revealed Status post anterior interbody fusion of C4-5 and C5-6 interspaces, degenerative spur and mild bilateral foraminal stenosis; X-ray of Cervical Spine on 3-27-14 that revealed Status post anterior interbody fusion of C4-5 and C5-6; X-ray of Lumbar spine on 8-8-12 that revealed Mild left inclination of lumbar spine. The patient's surgical history include cervical epidural steroid injection bilateral C4-6 and anterior inter body fusion of C4-5 and C5-6 interspaces The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared heating pad system for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 01/30/15)Cold/heat packs Neck & Upper Back (updated 11/18/14)Heat/cold applications.

Decision rationale: Per the ACOEM guidelines cited below "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold." Per the cited guidelines for hot and cold pack " Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders..." Any evidence of recent surgery was not specified in the records provided. Any evidence of acute pain was not specified in the records provided. The previous PT visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Infrared heating pad system for purchase is not fully established in this patient.