MAXIMUS Federal Services

Case Number:	CM14-0212695		
Date Assigned:	12/30/2014	Date of Injury:	11/28/1990
Decision Date:	02/27/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/19/2014

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: California, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old who was injured at work on 11/28/90 and continues to report complaints of neck and lower back pain as well as bilateral shoulder and bilateral hip pain. Her diagnoses have included lumbosacral neuritis, lumbar postlaminectomy pain syndrome and she is also status post lumbar fusions in 1989 and 1990. According to the more recent medical records provided a Lumbar MRI from 3/12/14 shows T12-L2 disc bulging with moderate foraminal stenosis and L4-S1 fusion and decompressive laminectomies. Cervical MRI from 7/11/14 reveals facet joint degeneration and central disc bulge at C2-3, C3-4 severe right foraminal narrowing with impingement of C4 nerve root. According to 8/19/14 clinic note the injured worker continues to report hip and lower back pain which are "not relieved by conservative measures such as NSAIDs, medication and physical therapy. Pain is 9/10 and is aching and sharp and radiates to bilateral hips. On exam there is decreased lumbar range of motion with a positive straight leg raise and tenderness to palpation over the lumbar facets. There is decreased sensation and strength in both lower extremities. Cervical spine is also with decreased range of motion and pain to palpation. Diagnoses include lumbago, sacroilitis, and hip pain. Medications include Norco, gabapentin, ibuprofren, baclofen, felxeril and lorazepam. Compound pain cream is dispensed. A UDS from 6/20/14 was positive for both opioids and methamphetamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Water Circulating Heat Pad with Pump date of service 9/24/14: 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) 2014, 19th Edition, Integrated Treatment/Disability Duration Guidelines, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): 2014 19th edition. Low- back - Lumbar and Thoracic (Acute and Chronic), Heat therapy guidelines.

Decision rationale: CMTUS and ACOEM guidelines do not comment on the requested treatment. According to ODG, there is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain. Additionally the guidelines recommend continues heat therapy for acute post-operative pain. The injured worker has chronic pain and is not experiencing post-operative pain. For chronic non post-operative pain a continuous heat pump treatment system has not been shown to be more effective than non-continuous heat pads or pack. Consequently the requested water circulating heat pad and pump are not medically necessary.