

Case Number:	CM14-0213723		
Date Assigned:	12/31/2014	Date of Injury:	12/20/2013
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient sustained an injury on 12/20/13 while employed by [REDACTED]. Request(s) under consideration include Paraffin treatment DOS: 12/10/14. Diagnoses include Lumbar sprain/strain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints of low back pain. Report from the provider noted the patient had received ultrasound treatment, but not paraffin bath treatment. Exam showed unchanged findings of decreased lumbar spine range of motion with tenderness. Treatment plan had no mention for paraffin treatment. The request(s) for Paraffin treatment DOS: 12/10/14 was non-certified on 12/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Treatment DOS:12-10-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Paraffin Wax Baths, page 172

Decision rationale: This patient sustained an injury on 12/20/13 while employed by [REDACTED]. Request(s) under consideration include Paraffin treatment DOS: 12/10/14. Diagnoses include Lumbar sprain/strain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints of low back pain. Report from the provider noted the patient had received ultrasound treatment, but not paraffin bath treatment. Exam showed unchanged findings of decreased lumbar spine range of motion with tenderness. Treatment plan had no mention for paraffin treatment. The request(s) for Paraffin treatment DOS: 12/10/14 was non-certified on 12/15/14. Paraffin bath unit for wax treatment is a passive modality providing concentrated heat that may be a short-term option for arthritis per guidelines. This patient continues to treat for persistent chronic low back pain without diagnoses for arthritis. ODG states the paraffin wax bath is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The Paraffin treatment DOS: 12/10/14 is not medically necessary and appropriate.