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| Case Number: | CM15-0005800 | | |
| Date Assigned: | 01/21/2015 | Date of Injury: | 09/24/2013 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/06/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 43 year old male, who sustained an industrial injury on September 24, 2013. The injured worker has reported mid- back, neck and arm pain. The diagnoses have included cervical herniated disc and thoracic radiculitis. Treatment to date has included pain medication, MRI of the cervical spine and physical therapy. Current documentation dated September 30, 2014 notes that the injured worker complained of neck and bilateral arm pain greater on the right, low back pain and stress. Physical examination of the neck revealed seventy degrees flexion and extension, a positive head compression and a positive Spurling's bilaterally. Numbness and tingling was noted at the cervical six level. On December 6, 2014 Utilization Review non-certified the retrospective purchase of a water circulating heat pad with pump and pad water circulating heat unit replacement. The Official Disability Guidelines were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of a retrospective purchase of a water circulating heat pad with pump and pad water circulating heat unit replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of water circulating heat pad with pump, and water circulating heat pad unit replacement provided on 10/20/14: 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), Neck and Upper back, cervical collar; Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/500_599/0540.html

Decision rationale: Pursuant to Aetna's Clinical Policy Bulletin: Heating Devices (see attached link) retrospective requests purchase water circulating heating pad with pump and water circulating heating pad with replacement on October 20, 2014 is not medically necessary. Aetna's Clinical Policy Bulletin considers mechanical heated water circulating pads and pumps experimental and investigational because they have not proven to produce outcomes superior to standard electric heating pads. In this case, the injured worker's working diagnoses are anterior instrumentation at C5-C6; anterior partial vertebrectomy and decompression at C5-C6; replacement C5-C6 with prosthetic cage; and anterior interbody fusion at C5-C6. Additional diagnoses are 4 mm herniated disc at C5-C6; cervical radiculopathy; stress; and post laminectomy. Subjectively, the injured worker complains of neck pain and bilateral arm pain, right greater than left. There are also complaints of low back pain and stress. Objectively, head compression is positive, Spurling's test is positive bilaterally. Muscle strength is 5/5 and the deltoid, biceps, risk flexors and extensors. There is no documentation in the medical record regarding the request for the water circulating the patent pump. Additionally, Aetna's Clinical Policy Bulletin considers mechanical heated water circulating pads and pumps experimental and investigational because they have not proven to produce outcomes superior to standard electric heating pads. The most recent progress in the medical record was September 30, 2014. The request for authorization was dated November 3, 2014. There were no progress notes on or about the date of the request for authorization. Consequently, absent clinical documentation to support the request for the water circulating heating pad with pump and water circulating heating pad with replacement, retrospective requests purchase water circulating heating pad with pump and water circulating heating pad with replacement on October 20, 2014 is not medically necessary.