

Case Number:	CM15-0014683		
Date Assigned:	02/02/2015	Date of Injury:	11/16/1998
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 11/16/1998. The mechanism of injury was not stated. The current diagnoses include chronic neck pain, cervical radiculopathy, chronic low back pain, and previous lumbar discectomy. The injured worker presented on 12/30/2014 with complaints of chronic neck pain radiating into the upper trapezius region and bilateral upper extremities. It was noted that the provider was no longer able to prescribe opiate medications due to a positive urine drug screen on 02/10/2014 which detected cannabinoids. The injured worker also reported low back pain with radiation into the bilateral lower extremities. Upon examination, there was mild to moderate discomfort with a slow gait; difficulty rising from a seated position; limited flexion and extension of the lumbar spine; increased low back pain with range of motion; and normal strength, sensation, and reflexes in the bilateral lower extremities. Recommendations at that time included a TENS unit and an electric heating pad. A Request for Authorization form was then submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for 1 electric heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-4, 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 162

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold are as effective as those performed by therapists. Passive physical modalities have no proven efficacy in treating acute low back symptoms. There was no mention of a contraindication to at home local applications of heat packs as opposed to an electric heating pad. Given the above, the request is not medically appropriate.