

<b>Case Number:</b>	CM15-0110384		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/31/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old male who sustained an industrial injury on 07/31/2010. Treatment provided to date has included: physical therapy, medications, and conservative therapies/care. Diagnostic testing was not discussed or submitted. There were no noted comorbidities or other dates of injury noted. On 05/05/2015, physician progress report noted continued complaints of left-sided low back pain with numbness tingling in the left leg. The pain was rated 6/10 (0-10) in severity. Current medications include naproxen and omeprazole. The physical exam revealed no changes from previous exam, but did note tenderness to palpation to the left > right sacroiliac joint with muscle spasms. The provider noted diagnoses of low back pain, internal disk disruption, chronic pain, insomnia, left sacroiliac joint dysfunction, and spondylosis. Plan of care includes continued medications, paraffin bath treatments, continued conservative therapies, and follow-up. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: paraffin bath treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin Bath Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Medical Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p128.

**Decision rationale:** The claimant sustained a work injury in July 2010 and continues to be treated for review the low back pain. When seen, he was using TENS 2-3 times per week. He was not using heat or ice. Physical examination findings included lumbar tenderness with muscle spasms. The claimant reported preferring a paraffin bath treatment rather than a trigger point injection. There are many forms of heat therapy with varying penetration depths. Paraffin wax treatment can be effective for superficially located pain such as arthritic pain involving the hands and fingers. In this case, the claimant is being treated for low back pain. However, guidelines recommend against the application of heat therapy modalities by a healthcare provider when the patient can perform this independently. This would include use of simple, low-tech thermal modalities which would meet the claimant's needs. The paraffin bath treatment that was provided is not medically necessary.