

Case Number:	CM15-0112422		
Date Assigned:	06/18/2015	Date of Injury:	08/28/2007
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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

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 59-year-old female, who sustained an industrial injury on 08/28/2007. She has reported injury to the neck, bilateral shoulders, bilateral hands/wrists, and low back. The diagnoses have included chronic cervical musculoligamentous sprain/strain; bilateral shoulder tendonitis; bilateral wrist/hand sprain/strain; right wrist extensor tenosynovitis/DeQuervain's; left wrist superficial radial neuropathy secondary to left wrist surgery; status post left wrist tenosynovectomy; chronic low back pain; and moderate disc herniations at L3-L4 and L5-S1. Treatment to date has included medications, diagnostics, injection, acupuncture, chiropractic therapy, psychotherapy sessions, physical therapy, and home exercise program. Medications have included Naproxen, Norco, Relafen, Flexeril, Pantoprazole, and Lidoderm Patch. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing pain in the low back with radiation to the left lower extremity; pain increases with prolonged walking or standing; continued pain, weakness, and fatigue in the left shoulder; neck pain with radiation to the shoulders and head, producing headaches; pain in the mid back with radiation to the ribs, anteriorly; continued pain, numbness, and tingling in the left wrist; sleep disruption; and she previously used a TENS (transcutaneous electrical nerve stimulation) unit at therapy, which was beneficial in reducing her pain. Objective findings included tenderness to palpation of the left and right lumbar spine; decreased and painful range of motion to the lumbar spine; decreased and painful range of motion to the cervical spine; and limited range of motion to the left shoulder with pain. The

treatment plan has included the request for Thermacure unit-30 day rental and purchase of pads for the cervical spine, lumbar spine, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure unit- 30 day rental and purchase of pads for the cervical spine, lumbar spine, and bilateral shoulders: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a Thermacure unit, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat pad. Additionally, there is no documentation of a rationale for the use of a Thermacure unit rather than the application of simple heat/cold packs at home. In the absence of such documentation, the currently requested Thermacure unit is not medically necessary. Regarding the request for a heat pad, in the absence of clarity regarding those issues, the currently requested keypad is not medically necessary.