

<b>Case Number:</b>	CM15-0118119		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 32 year old male, who sustained an industrial injury on 8/5/13. The initial symptoms experienced by the injured worker were not included in the documentation. The injured worker was diagnosed as having lumbar disc disease. Treatment to date has included epidural injection, surgical intervention, medications, activity modification, acupuncture, physical therapy and chiropractic care. Currently, the injured worker complains of worsening low back pain that radiates to his left leg and worsening left buttock pain. The pain is interfering with activities of daily living. He also reports sleep disturbance and depression. The injured worker is currently diagnosed with L5 hemilaminectomy, L5-S1 large disc herniation with moderate neural foraminal stenosis, left L5 and S1 mild radiculopathy, lumbosacral sprain with radicular symptoms and thoracic sprain. An examination dated 4/8/15 demonstrates a decrease in range of motion of the lumbar spine. The injured worker reported temporary relief, lasting one week, from the epidural injection in a note dated 2/5/15. Efficacy received with physical therapy, chiropractic care and acupuncture were not included in the documentation. The injured worker is currently not working. The following treatment is being requested, Thermacare 30 day rental, to aid in his post-operative healing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare 30 day rental with pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Aetna clinical policy bulletin cryoanalgesia and therapeutic cold.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, heat is optional for back pain. It is recommended for the 1st few days after injury. In this case, the claimant's injury was remote. He had undergone injections as was scheduled for a microdiscectomy which will provide more long-term benefit than a Thermacare pad. As a result, the request for a Thermacare pad is not medically necessary.