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| Case Number: | CM15-0118980 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 06/20/2000 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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 66 year old male, who sustained an industrial injury on June 20, 2000. Treatment to date has included lumbar disc surgery, MRI of the lumbar spine, EMG/NCV of the bilateral lower extremities, assistive devices, home exercise program and medications. Currently, the injured worker complains of low back pain, which radiates to the bilateral lower extremities with intermittent muscle spasm affecting the bilateral lower extremities. He rates the lumbar spine pain a 5-6 on a 10-point scale and notes that overall it is well controlled with his medication regimen. He reports depression, insomnia and intermittent stomach upset due to medication use. On physical examination, the injured worker ambulates with a moderate limp and a slow flexed forward posture. He uses a cane for assistance. He has moderate muscle spasm bilaterally over the lumbar spine and slight paralumbar tenderness to palpation. A straight leg raise test is positive bilaterally and sensation to light touch is decreased to the left lateral foot and top of both feet. The diagnoses associated with the request include status post L5-S1 lumbar disc surgery with residual lumbar radiculopathy, secondary insomnia due to pain and gastrointestinal upset due to pain medications. The treatment plan includes Norco, Morphine sulfate, Prilosec/Omeprazole, Soma, Thermacare patches for musculoskeletal conditions and low back pain, Mentherm topical cream, continued use of cane, continued home exercise and stretching and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare Patches Qty 60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Heat therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2000. When seen, he was having ongoing low back pain with intermittent radiating lower extremity symptoms. There was decreased lumbar spine range of motion with muscle spasms and tenderness. Straight leg raising was positive. There was a slow gait with a moderate limp and flexed posture with use of a cane. There was decreased lower extremity sensation. Heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy including the ThermaCare HeatWrap to be effective for treating low back pain. The request is medically necessary.