

<b>Case Number:</b>	CM15-0123527		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/26/2000
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 56 year old male, who sustained an industrial injury on 7/26/2000. He reported a fall from a ladder onto his back. The injured worker was diagnosed as having sprain of lumbosacral. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of chronic low back pain, worsened since medications have been cut back, causing less sleep and more tiredness during the day. He was not motivated to complete or even start his activities of daily living. His affect was depressed. Occasional radiating pain to his lower extremities was noted, especially with increased activities. Exam of his lumbar spine noted increased spasms, decreased lordosis, tense muscles primarily in his thighs and calves. Straight leg raise test was positive. His work status remained "disabled". The treatment plan included continuing Doxepin and Thermacare patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare patches #30:** Upheld

**Claims Administrator 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, Lumbar & Thoracic (Acute & Chronic) - Heat therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heat Therapy.

**Decision rationale:** The MTUS ACOEM p308 considers at-home applications of local heat or cold to low back an optional physical treatment method for evaluating and managing low back complaints. Per the ODG guidelines, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. (Nadler-Spine, 2002) (Nadler, 2003) (Lurie-Luke, 2003) (Berliner, 2004) (Lloyd, 2004) One study compared the effectiveness of the [REDACTED] Back Plaster, the [REDACTED] Warmer-Pflaster, and the [REDACTED] [REDACTED] ThermaCare HeatWrap, and concluded that the ThermaCare HeatWrap is more effective than the other two. (Trowbridge, 2004) Active warming reduces acute low back pain during rescue transport. (Nuhr-Spine, 2004) Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. (Mayer-Spine, 2005) There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function." Thermacare heat therapy is recommended in acute pain and not for chronic pain, as the injured worker presents with chronic back pain, medical necessity cannot be affirmed.