MAXIMUS Federal Services

Case Number:	CM15-0063083		
Date Assigned:	04/08/2015	Date of Injury:	02/23/2002
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/02/2015

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 50 year old female, who sustained an industrial injury on 02/23/2002. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care and medications. Currently, the injured worker complains of chronic cervical and lumbar pain, and headaches. The injured worker reported a severe flare-up of low back pain the week prior to the exam date. The injured worker reported that Ativan provided some relief of symptoms. The diagnoses include degenerative disc disease of the lumbar spine, C5-6 disc bulge with annular tear, L5-S1 disc bulge with chronic back pain, muscle contractions and headaches. The treatment plan consisted of continued medications, Thermacare patches (heat), continued home exercise/stretching program, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 300. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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. The application of heat is supported by the guidelines, but the documentation submitted for review does not establish that this treatment is more efficacious than would be a traditional heat pack, hot towel, etc. The request is not medically necessary.