

Case Number:	CM15-0064356		
Date Assigned:	04/10/2015	Date of Injury:	12/22/2014
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old female who sustained a repetitive industrial injury on December 22, 2014. The injured worker was diagnosed with cervical and thoracic sprain, cervicocranial syndrome, headaches, interstitial myositis, generalized anxiety disorder and insomnia. Treatment to date has included conservative care and physiotherapy. According to the treating physician's progress report on February 6, 2015, the injured worker continues to experience ongoing pain in her temporal head, shoulders, neck and upper back. She has radiation of the pain to the areas of her upper back and shoulders, which is getting worse and rates her pain 6-8/10 on the pain scale. There was no physical examination of the areas. Current medication is Lunesta. There were no other medications noted. The documented treatment plan consists of continuing with current course of physiotherapy, chiropractic therapy and acupuncture therapy. Other outlined treatment plans include a functional restoration program (FRP), an orthopedic, pain management, and psychological consultations, shockwave therapy, and sleep study evaluation, urine drug screening, Electromyography (EMG), and the current request for a heating/cooling unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating/Cooling Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: Pursuant to the ACOEM, heating/cooling unit is not medically necessary. The ACOEM, Chapter 8, Neck And Upper Back Complaints; page 173 - 175 states: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical stimulation (TENS) unit and biofeedback. These palliative tools may be used on a trial basis should be monitored closely. Emphasis should focus on functional restoration and return of patients to normal daily living. In this case, the injured worker's working diagnoses are cervical sprain; thoracic sprain; cervicocranial syndrome; headache; interstitial myositis; generalized anxiety disorder; and insomnia. Subjectively, the injured worker has complaints of anxiety, depression, headache upper back pain and bilateral shoulder pain. There is no physical examination other than vital signs in the February 6, 2015 progress note. The ACOEM and does not support heating/cooling units. There is no discussion in the medical record regarding a trial. Consequently, absent guideline recommendations according to the ACOEM, heating/cooling unit is not medically necessary.