

Case Number:	CM15-0066585		
Date Assigned:	05/13/2015	Date of Injury:	11/07/2007
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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
 Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on 11/7/07. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain syndrome; avascular necrosis bilateral hips; status post thoracic laminectomy. Treatment to date has included status post spinal cord stimulator trial unsuccessful; chiropractic therapy; acupuncture; medications. Diagnostics included MRI lumbar spine (1/10/12). Currently, the PR-2 notes dated 3/2/15 indicated the injured worker returns to this office essentially unchanged. She feels chiropractic therapy was helpful in the past and is requesting further treatment. She does feel medications have been helpful such as anti-inflammatories and Lidoderm patches however these have been denied. The objective findings on this date are generalized tenderness over the axial spine with decreased but persistent abdominal bloating. She is a status post thoracic laminectomy lead placement in April 2013 for treatment of chronic back pain but was unsuccessful. These notes note "immediate explanation for infection". The notes also indicate "status post bilateral femoral head core decompression". She has a clinical history of opioid and benzodiazepine dependency with inpatient detox. She has been prescribed Valium, Trazodone, and Cymbalta from her psychiatrist. She also uses prescribed Robaxin, Gralise, Naprosyn, Lidoderm patches and Protonix. The provider has requested Thermacare bands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare bands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 30 and 162. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The requested Thermacare bands are not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The treating physician has documented tenderness over the axial spine with decreased but persistent abdominal bloating. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Thermacare bands are not medically necessary.