

Case Number:	CM15-0073647		
Date Assigned:	04/23/2015	Date of Injury:	08/08/2000
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 8/08/2000. The medical records submitted for this review failed to include the details regarding the initial injury and prior treatments to date. Diagnoses include cervical strain, thoracic strain, lumbar disc rupture, right carpal tunnel syndrome; status post left carpal tunnel surgery. Currently, she complained of new onset of pain in bilateral lower extremities, hip, knees, ankles, and feet secondary to a slip and fall on 2/9/15. The pain was unchanged to the neck, thoracic spine, lumbar spine, and bilateral wrists. On 3/10/15 the physical examination documented decreased sensation to multiple areas on the right lower extremity. The plan of care included continued medication therapy and a heating pad for use on cervical, thoracic and lumbar spines and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating pad for the cervical, thoracic, lumbar and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs. (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: There is no evidence to support the need of cold/hot therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for heating pads therapy. There is no controlled studies supporting the use of hot/cold in spine pain beyond a short period of time after surgery. The provider have the document the timing and the duration of hot therapy. Hot therapy is not indicated for chronic pain. Therefore, the request for Heating pad for the cervical, thoracic, lumbar and bilateral wrists is not medically necessary.