MAXIMUS Federal Services

Case Number:	CM15-0090032		
Date Assigned:	05/14/2015	Date of Injury:	09/06/2013
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on September 6, 2013. He reported hearing a click in his back with immediate back pain radiating to both legs. The injured worker was diagnosed as having chronic low back pain, right lumbosacral radiculopathy, lumbar 5-sacral 1 paracentral herniated nucleus pulposus and annular tear, and left broad-based herniated nucleus pulposus with inferior annular tear. On August 28, 2014, he underwent a lumbar bilateral facet radiofrequency ablation (RFA) at lumbar 4-5 and lumbar 5-sacral 1. Diagnostic studies to date have included electrodiagnostic studies, x-rays, and MRIs. Treatment to date has included 1 session of physical therapy that aggravated his symptoms in July 2014, lumbar facet injections, a lumbosacral corset, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On February 12, 2015, the injured worker complains of continued low back and bilateral leg pain, which is greater on the left than the right. The physical exam revealed an antalgic gait, ability to hell and toe walk, decreased strength in the left extensor hallucis longus and tibialis anterior muscle, and decreased sensation in the left lateral calf and foot. The treatment plan includes a left lumbar 4-5 and lumbar 5-sacral 1 microdiscectomy. On February 17, 2015, he underwent a left lumbar 4-5 and lumbar 5-sacral 1 decompression and microdiscectomy. The requested treatment is a Thermacure 9 day extension for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 9 day extension lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS 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 Chapter, Cold/Heat Packs, Shoulder Chapter, Cold compression therapy.

Decision rationale: Regarding the request for Thermacure 9 day extension lumbar spine, a search of the Internet revealed that Thermacure is a cold/hot contrast compression device. Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat pad. Furthermore, guidelines do not support the use of compression therapy in the treatment of the lumbar spine. In the absence of clarity regarding those issues, the currently requested Thermacure 9 day extension lumbar spine is not medically necessary.