

Case Number:	CM13-0015753		
Date Assigned:	04/23/2014	Date of Injury:	05/31/2012
Decision Date:	06/09/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old male who was injured on May 31, 2012. The patient continued to experience pain in his lower back radiating into bilateral lower extremities and pain in his left knee. Physical examination was notable for cervical spine tenderness with muscle rigidity, lumbar spine tenderness with muscle rigidity, mildly decreased motor strength in the left lower extremity, and decreased sensation in the left L5-S1 distribution. An MRI of the lumbar spine dated June 23, 2012 reported 5-6 mm disc protrusion with left neuroforaminal stenosis at L5-S1. Diagnoses included lumbar spine myofasciitis with bilateral lower extremity radicular symptoms, left knee internal derangement, cervical sprain/strain, and left knee sprain/strain with varicose veins. Treatment included chiropractic therapy and medications. A request for authorization for a Solar care Far-infrared heating system was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE FAR-INFRARED (FIR) HEATING SYSTEM LUMBAR/SACRAL ORTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function. Heat therapy has been found to be helpful for pain reduction and return to normal function. Infrared therapy is not recommended over other heat therapies. There is no documentation in the medical records provided for review to support the need of infrared therapy. The request is therefore not medically necessary and appropriate.