MAXIMUS Federal Services

Case Number:	CM13-0053989		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2013
Decision Date:	03/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [redacted] employee who has filed a claim for chronic mid back and low back pain reportedly associated with an industrial injury of May 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, and work restrictions. It is not clearly stated that the applicant's limitations have been accommodated by the employer. In a utilization review report of October 15, 2013, the claims administrator denied a request for Ambien and a solar heating pad. The applicant's attorney subsequently appealed. An earlier progress note of June 11, 2013 is notable for comments that the applicant reports persistent low back pain with associated tenderness and limited range of motion noted on exam. The applicant exhibits diagnosis of lumbar strain and myospasm. Additional physical therapy and work restrictions were endorsed. A later note of October 1, 2013, handwritten, sparse, and not entirely legible, is notable for comments that the applicant reports persistent low back pain. The applicant is having psychiatric issues. The applicant is placed off of work, on total temporary disability, and asked to obtain a solar care high-tech heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Solar care far-infrared radiant (FIR) heating unit: 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 TWC 2013 Low Back, "Heat therapy".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 12, simple, low tech, at home applications of heat and cold are recommended. The ACOEM guidelines do not endorse provision of high-tech solar care heating devices to deliver heat and cold therapy. The attending provider has not offered any compelling rationale or narrative to the request for authorization or the application for independent medical review to try and offset the unfavorable ACOEM recommendation. Therefore, the request remains non certified, on independent medical review.