

Case Number:	CM13-0059121		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2013
Decision Date:	07/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/29/2013

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 Physical Medicine and Rehabilitation 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 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:

This 62 year-old patient sustained an injury on 8/15/13 from standing and walking on hard floors as part of job duties while employed by [REDACTED]. The request under consideration include FIR (Infrared) heating pad. Medications list Lisinopril, Atenolol, Hydrochlorothiazide, Ibuprofen, Toprophan, Ultram, and Naproxen cream. An x-ray of bilateral feet was unofficially reported as showing small heel spurs bilaterally. The lumbar spine x-rays of 6/20/13 showed scoliotic curves and degenerative changes. Conservative care has included physical therapy, acupuncture, chiropractic care, medications, and modified activities/rest. The report on 9/30/13 from the provider had unchanged chronic pain complaints of the low back and feet. An exam showed lumbar spine with limited range; deep tendon reflexes 2+; with normal sensation and motor exam; and a positive straight leg raise test. The bilateral feet showed tenderness to palpitation along plantar ligament under arches; increased pain with dorsiflexion. Diagnoses were lumbar sprain/strain, rule out disc radiculopathy with x-ray findings of spondylosis and facet arthrosis at L4-S1; bilateral foot plantar fasciitis. Somewhat illegible report of 10/30/13 from the provider had hand-written subjective complaints of low back pain bilateral lower extremities (BLE) to feet with positive weak; give out; positive fell; bilateral feet/ankle no change; injection in past not helpful. Noted box checked for no change under function. No objective findings recorded, but only checked box of no change physical exam since last visit 9/30/13. Diagnoses included bilateral low back pain BLE; bilateral Plantar fasciitis. The treatment included chiropractic care, a psychology consultation, meds, lumbar-sacral orthosis, cane, extracorporeal shock wave therapy. The patient remained tender to palpitation. The request for FIR (Infrared) Heating Pad was non-certified on 11/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIR HEATING PAD: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT), Cold lasers/ Non-thermal infrared therapy Page(s): 57.

Decision rationale: Per the guidelines, infrared therapy remains experimental and investigational as meta-analysis studies concluded that there are insufficient data to draw firm conclusions about the effects of infrared therapy and due to a lack of adequate evidence in the peer-reviewed published medical literature regarding the effectiveness of infrared therapy. The submitted reports have not adequately demonstrated medical indication or necessity beyond guidelines recommendations. The FIR Heating Pad is not medically necessary and appropriate.