

Case Number:	CM14-0109930		
Date Assigned:	09/16/2014	Date of Injury:	08/31/2005
Decision Date:	10/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on August 31, 2005. The mechanism of injury was noted as a cumulative trauma type event. The most recent progress note, dated July 22 2014, indicated that there were ongoing complaints of neck and back pains. The physical examination demonstrated tenderness to palpation of the cervical region as well as the lower lumbar spine. Decreased motor function in the distal right lower extremity and decreased sensation the right L5 and S1 dermatomes were reported. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, physical therapy, psychiatric care, conservative care, chiropractic care and pain management interventions. A request had been made for durable medical equipment and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE FIR HEATING SYSTEM FOR LUMBAR SPINE - PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 162 & 300.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd edition (2004), chapter 8, Table 8-8, this therapy is an infrared type device and is not supported in the MTUS. Furthermore, as noted in Chapter 12, pages 162 and 300; hot packs, heat wraps, and other forms of temperature treatment is indicated for the first several days but does not have any clear clinical indication in chronic back pain.