

<b>Case Number:</b>	CM14-0111582		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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 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 59-year-old female who has submitted a claim for thoracic/lumbosacral neuritis/radiculitis unspecified associated with an industrial injury date of May 21, 2010. Medical records from February through June 2014 were reviewed, which showed that the patient complained of low back pain. Examination of the dorsal spine showed that the patient had no tenderness in the upper back and had no evidence of scoliosis or kyphosis. The paraspinal muscles did not show any swelling, spasm or asymmetry. Sensation was normal along all dermatomes in the dorsal spine. On examination of the lumbosacral spine, range of motion proved to be restricted by about 50%. There was significant spasm of the muscles in this area and the patient appeared uncomfortable sitting, standing and ambulating. Treatment to date has included piriformis release surgery on December 2012, three epidural injections; trigger point injection in the hips, Botox injections in the buttocks, massage and physical therapy. Utilization review from July 3, 2014 denied the request for Solar Care FIR heating system. The review based its decision on the ACOEM Practice Guidelines 2nd Ed, which only supported low-tech at home use of heat, which are "as effective as those performed by therapists."

### 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:** Upheld

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

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

**Decision rationale:** CA MTUS does not specifically address infrared therapy (IR). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain but only as an adjunct to a program of evidence-based conservative care. In this case, the patient's back pain is no longer acute, given the industrial injury date of 2010. Although the patient underwent some physical therapy, it is unclear from the provided documentation whether she had adequate conservative care. The guideline recommended that conservative care includes instruction in self-performed exercise program. Infrared therapy is not recommended as a solitary treatment modality. There is no evidence that present management includes on-going back strengthening and flexibility exercises, as well as aerobic exercise, and recommended drug therapies for six months. Furthermore, duration of intended use, body part to be treated, and whether the device is for rental or purchase were not specified. Therefore, the request for Solar Care FIR Heating System is not medically necessary.