MAXIMUS Federal Services

Case Number:	CM14-0117980		
Date Assigned:	08/06/2014	Date of Injury:	03/22/2013
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This 37year old patient had a date of injury on 03/22/2013. The mechanism of injury was slipped and fell injuring back and knee. In a progress noted dated 6/9/2014, subjective findings included neck pain that is 7/10 with radiation to bilateral upper extremities, associated with numbness and tingling sensation to the bilateral fingers. There is constant mid back pain that is 8/10, radiating to the bilateral lower extremities. There is right knee pain that is 7/10 and constant left knee pain, associated with giving away episodes and weakness. On a physical exam dated 6/9/2014, objective findings included tenderness predominantly at the last motion segment. There is positive sciatic notch tenderness. Straight leg raise, tension signs, and bowstring tests are all positive on the left side with foot eversion weakness. Diagnostic impression shows status post fall with myoligamentous sprain/strain, cervical spine, bilateral shoulders, and bilateral wrists. IT also shows status post fall with annular tear at L5-S1 and disc protrusion, left L5 and S1 radiculitis and radiculopathy. Treatment to date: medication therapy and behavioral modification.A UR decision dated 7/3/2014 denied the request for [redacted] Far Infrared (FIR) heating system, stating that the available clinical information does not support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **Far Infrared (FIR) Heating System:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):Chapter on the low back. Aetna clinical policy bulletin number 0604.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clnical Policy Bulletin:Infrared Therapy

Decision rationale: MTUS and ODG do not apply. Aetna states that treatment with low level-infrared light experimental and investigational for the treatment of the following indications because of insufficient evidence regarding the effectiveness: acne, back pain, Bell's Palsy, CNS injuries, non-healing wounds, diabetic macular edema and peripheral neuropathy, ischemic stroke, lymphedema, neck pain, osteoarthritis, Parkinson's disease, Retinal degeneration, stroke. It is considered medically necessary as a heat modality in physical therapy. In the reports viewed, and in the latest progress report dated 6/9/2014, there was no discussion regarding the objective functional goals intended for this therapy, which is considered experimental and investigational for treatment of chronic neck and back pain. Furthermore, there was no evidence that this patient is currently having physical therapy. Therefore, the request for [redacted] far infrared (FIR) heating system is not medically necessary.