

<b>Case Number:</b>	CM14-0120269		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/27/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family 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:

Patient is a 53-year-old male who has submitted a claim for sprain lumbar region associated with an industrial injury date of 06/27/2003. Medical records from 2014 were reviewed. The patient complained of lumbar spine pain with radiation into the lower extremities bilaterally. Numbness, tingling and occasional weakness was noted. Physical examination reveals mild tenderness in the lumbar spine, as well as left lumbar spasms. Decreased range of motion was also noted. Treatment to date has oral medications, epidural steroid injections, chiropractic care, and physical therapy. Utilization review from 07/22/2014 denied the request for ■■■ Heating Unit because guidelines do not recommend infrared therapy over other heat therapy options.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) ■■■ Heating System: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, and 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, [REDACTED] Heating System was requested to empower the patient to become independent and to help her take a role in the management of their symptoms. However, there was no discussion regarding why infrared therapy was necessary, when other forms of heat therapies are available. There was also no discussion regarding the indication for deep heating. Furthermore, the present written request failed to specify whether this is a purchase or a trial request. Therefore, the request for One (1) [REDACTED] Heating System (through [REDACTED]) is not medically necessary.