

Case Number:	CM14-0132496		
Date Assigned:	08/22/2014	Date of Injury:	03/28/2007
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 & 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 is a 66-year-old female with a 3/28/07 date of injury. The mechanism of injury occurred when she was thrown by a 300 pound patient seven feet across a hallway through a metal door frame. The back of her head and her back impacted the door frame as she slid down to the floor. According to a progress report dated 5/22/14, the patient reported increased pain in her neck, mid-back, low-back, and hips. The pain was worsened with activities of daily living. She had trouble getting restful sleep and would wake up due to the pain. Objective findings are limited cervical spine ROM, muscle spasms of cervical spine, tenderness to palpation about the paravertebral muscles. Diagnostic impression includes cervical spine sprain/strain, degenerative disc disease. Treatment to date is medication management, activity modification, chiropractic treatment. A UR decision dated 7/28/14, denied the request for Solarcare heating system. The records reviewed did not reveal that conventional hot packs were tried and failed. As per guidelines, heating pads are a first-line therapeutic option for heat therapy, and the need for this specialized DME is not clearly established in this clinical presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care heating system QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 05/30/14); Heat/cold applications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Other Medical Treatment Guideline or Medical Evidence:
<http://www.solarcareihs.com/>.

Decision rationale: CA MTUS does not address this issue. According to Official Disability Guidelines (ODG), heat/cold applications are recommended. However, according to an online search, the Solarcare heating system is a specialized infrared heat wrap designed for on-the-go pain relief. There is no documentation that the patient has tried and failed standard heating pads/wraps. A specific rationale identifying why the patient requires this specialized product was not provided. Therefore, the request for Solarcare heating system QTY: 1.00 is not medically necessary.