

<b>Case Number:</b>	CM14-0154508		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 29-year-old female who reported injury 07/02/2013 working as a lead clerk for [REDACTED], she was breaking down a pallet and felt a sharp pain in her left back. The injured worker's treatment history included MRI studies, physical therapy sessions, chiropractic treatment, and medications. The worker was evaluated on 07/16/2014 and it was documented the worker complained of pain on the left side of her neck which starts in the mid back and goes down to the lower back and to the left leg. The pain was rated at 8/10 on the pain scale and constant. The injured worker complained of chest pain which started primarily on the left side and wraps around. The pain was rated 9/10 and constant. The injured worker complained of neck pain which was rated as 2/10. She got some relief from last chiropractic adjustment to her neck. The findings of lumbar spine revealed spasm throughout the thoracolumbar spine paraspinal muscles on the left side. Range of motion for the lumbar spine was restricted at 35 degrees in flexion, 10 degrees in extension, 16 degrees in left rotation, 10 degrees right rotation, 15 degrees left lateral flexion, 10 degrees right lateral flexion. Kemp test and Valsalva test were positive on the left. Straight leg test was positive on the left. The injured worker had a difficult time heel walking and was unable to squat. Motion of the cervical spine was restricted at 35 degrees in flexion, 45 degrees in extension, 25 degrees in left rotation, 20 degrees right rotation, 35 degrees left lateral flexion, and 30 degrees right lateral flexion. Diagnoses included thoracolumbar sprain/strain, left SI joint dysfunction/strain, left lower extremities radicular complaints. Request for Authorization dated 07/16/2014 was for solar care heating system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar Heating System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Lumbar & Thoracic. Infrared Therapy.

**Decision rationale:** The request for Solar Heating System is not medically necessary. Official Disability Guidelines (ODG) state that infrared therapy is not recommended over other heat therapies. When deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence based conservative care (exercise). The IR therapy unit used in this trial was demonstrated to be effective in reducing chronic low back pain, no adverse effects were observed. The IR group experienced a 50% reduction over 7 weeks, compared with 15% in the sham group. As such, the request for Solar Heating System is not medically necessary.