

<b>Case Number:</b>	CM14-0022482		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 37-year-old female with date of injury 05/09/2011. Per treating physician's report 01/02/2014, listed diagnoses are ICD codes 722.1, 847.2, 722.73, 724.4. Under treatment plan, recommendation is for Solar Care Heating System to purchase to help combat pain and the recommendation was for the use of this device 3 to 4 times a day in 30-minute intervals. "It is believed that the Solar Care Heating System will provide pain relief for the patient", and a unit is being prescribed as an adjunct to conservative treatment as part of functional restoration program. This request was denied by utilization review letter 01/24/2014 with the rationale that the ODG TWC supports heat therapy but not infrared over other heat therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SOLAR CARE INFRARED HEATING PAD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), regarding hot/cold treatments (L-spine chapter).

**Decision rationale:** This patient presents with chronic persistent low back pain and the treating physician has asked for "Solar Care Infrared Heating Pads." ODG Guidelines does support heat therapy as an option and states that continuous low-level heat-wrap therapy to be effective for treating low back pain. It specifically mentions ThermaCare Heat wrap to be more effective than the other two. It concludes by stating, "Heat therapy has been found to be helpful for pain reduction, return to normal function." ACOEM Guidelines also supports heat therapy, but recommends at-home application of heat/cold. In this case, the treating physician has asked for Solar Care Infrared Heating Pad, but ODG Guidelines regarding infrared therapy states "not recommended over other heat therapies." Recommendation is for denial. The request is not medically necessary and appropriate.