

Case Number:	CM14-0053330		
Date Assigned:	07/07/2014	Date of Injury:	12/06/2013
Decision Date:	09/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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, Rehabilitation and Pain 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:

The injured worker is a 36-year-old female who reported an injury due to a fall after missing a step while descending a ladder on 12/06/2013. On 04/02/2014, her diagnoses included thoracic sprain/strain, lumbosacral sprain/strain, myofascial pain syndrome, and possible lumbosacral radiculopathy. A progress note on 04/15/2014 revealed that a recent MRI study showed negative findings for lumbosacral disc injury and an EMG was negative for lumbosacral radiculopathy. The conclusion was a soft tissue injury, which was added to her list of diagnoses as a repetitive strain injury and replaced possible lumbar radiculopathy. The recommendation was to continue acupuncture treatment. On 04/29/2014, she reported that she had less pain, noted functional improvement and was able to perform self-care activities due to her acupuncture treatments. Among the modalities used in the acupuncture were hot/cold packs. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Therapy Thoracic,Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, Low Back Chapter, Infrared Therapy.

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 (IR).

Decision rationale: The request for Infrared Therapy Thoracic, Lumbar Spine is not medically necessary. The Official Disability Guidelines do not recommend infrared therapy over other heat therapies. Additionally, the parameters or frequency of use for the proposed infrared therapy was not included in the request. Furthermore, she reported benefit from hot/cold packs as part of her acupuncture therapy. The clinical information submitted failed to meet the evidence-based Guidelines for infrared therapy. Therefore, the request for Infrared Therapy Thoracic, Lumbar Spine is not medically necessary.