

Case Number:	CM14-0090220		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2013
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 an injured worker with neck and back conditions. Date of injury was June 4, 2014. Primary treating physician's report dated April 11, 2014 was provided by [REDACTED]. Subjective complaints were head, neck, bilateral arms, and low back pain. Objectively, there is no substantial change in the patient's condition since date of last evaluation. Diagnoses were cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral wrist pain, bilateral fingers/hand sprain/strain, depression. Progress report PR-2 dated May 22, 2014 documented objective findings of decreased range of motion of cervical spine. No subjective complaints were documented. The PR-2 report was handwritten. Treatment plan included Solar Care heat system. Request for authorization RFA dated May 22, 2014 listed diagnoses cervical spine, thoracic spine, lumbosacral sprain/strain. Solar Care heat system was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care Heat System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181-183, 300, 308 - 310, Chronic

Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation [http://www.solarcareihs.com/American College of Occupational and Environmental Medicine \(ACOEM\) 3rd edition:Table 2, 2011, pages. 1-332, Guideline.Gov American College of Occupational and Environmental Medicine \(ACOEM\)](http://www.solarcareihs.com/American College of Occupational and Environmental Medicine (ACOEM) 3rd edition:Table 2, 2011, pages. 1-332, Guideline.Gov American College of Occupational and Environmental Medicine (ACOEM)

Decision rationale: The Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines indicates that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as heat/cold applications, diathermy. The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicates that physical modalities, such as diathermy, have no proven efficacy. Insufficient scientific testing exists to determine the effectiveness of these therapies. Chronic Pain Medical Treatment Guidelines indicates that active physical medicine treatment modalities instead of passive treatments are associated with substantially better clinical outcomes. American College of Occupational and Environmental Medicine (ACOEM) 3rd edition indicates that infrared therapy is not recommended for cervicothoracic disorders or chronic low back disorders. Work Loss Data Institute guidelines states that infrared therapy is not recommended for thoracic and lumbar back disorders. Work Loss Data Institute guidelines states that diathermy is not recommended for thoracic and lumbar back disorders. Official Disability Guidelines (ODG) states that infrared therapy is not recommended for back conditions. Medical records indicate that the patient had diagnoses of cervical spine, thoracic spine, lumbosacral sprain/strain. Solar Care heat system, an infrared therapy appliance, was requested. No rationale for the medical necessity of Solar Care was present in the available medical records. MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, Work Loss Data Institute guidelines, and ODG guidelines do not support the medical necessity of the Solar Care heat system. Therefore, the request for Solar Care Heat System is not medically necessary or appropriate.