

<b>Case Number:</b>	CM14-0158696		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 73 year old female with an injury date of 06/24/14. Based on the 08/19/14 progress report, the patient complains of headache, neck pain, mid back pain, and lower back pain. The patient has frequent moderate to severe headaches with dizziness, lightheadedness, and nausea. The pain in the neck radiates to the bilateral shoulders with numbness and tingling. The pain level is at 9-10/10. Cervical spine exam shows moderate tenderness to palpation over the cervical paravertebral musculature and positive Spurling's test. There is moderate tenderness to palpation over the thoracic and lumbar paravertebral musculature. Straight leg raise test shows positive bilaterally. Braggard's test, Kemp's test, and Bowstring test are positive bilaterally. Sensory examination in the upper extremities reveals sensory deficit over the bilateral C5-C6 dermatomes. Sensory examination in the lower extremities reveals sensory deficit over the bilateral L5 and S1 dermatomes. the current medications are Hydrocodone, Estradiol, Citalopram, Levothyroxine, Naproxen, Metformin, Omeprazole, Glimepiride, and Simvastatin. The diagnoses includes following: 1. Status post-concussion syndrome with severe headaches. 2. Cervical spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus. 3. Bilateral upper extremity radicular pain and paresthesia. 4. Lumbar spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus. 5. Bilateral lower extremity radicular pain and paresthesia. 6. Status post rib fracture. 7. Thoracic spine musculoligamentous sprain/strain. 8. Dizziness. CT of cervical spine without contrast dated 07/01/14 showed mild degenerative disc disease of cervical spine. CT of head without contrast on 07/01/14 showed generalized atrophy and deep white matter ischemic change. The patient is

currently not working. The treating physician is requesting Solar Care FIR Heating Unit purchase on 08/19/14. The utilization review determination being challenged is dated 09/09/14. The requesting physician provided treatment reports from 07/02/14-08/19/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Solar Care FIR Heating Unit Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 17th edition, 2012 Updates: shoulder procedure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, infrared therapy

**Decision rationale:** This patient presents with headache, neck pain, mid back pain, and lower back pain. The request is for Solar Care FIR Heating Unit Purchase. Per 08/19/14 report, the provider states "FIR Heating System my patient can use in the comfort of their home is ideal and can ensure compliance." ODG lumbar spine chapter discuss Infrared therapy states, "Not recommended over other heat therapies. Where 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, and no adverse effects were observed; the IR group experienced a 50% pain reduction over 7 weeks, compared with 15% in the sham group." In this case, the provider does not discuss why the patient needs FIR heating unit and how this therapy may help the patient. There are no records of trial use of IR therapy with conservative care program. The guideline does not recommend over other heat therapies. The request of FIR heating unit purchase is not medically necessary.