

Case Number:	CM14-0199763		
Date Assigned:	12/10/2014	Date of Injury:	03/07/2014
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 25 year old male who was injured at work on 03/07/2014. Based on the medical reports, the injured worker complained of constant low back pain as well as pain and swelling of the right ankle. The physical examination revealed limited range of motion of the lumbar spine and lower limbs. The injured workers diagnoses included lumbosacral strain, right ankle sprain strain, and right foot sprain/strain. Treatments have included chiropractic care and home exercise program. The request for six sessions of electroacupuncture has been certified, but at dispute is the request for infrared heat soft tissue manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared heat soft tissue manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Infrared Therapy (IR).

Decision rationale: The injured worker sustained a work related injury on 03/07/2014. The medical records provided indicated the diagnosis of lumbosacral strain, right ankle sprain strain,

right foot sprain/strain. Treatments have included chiropractic care. The medical records provided for review do not indicate a medical necessity for infrared heat soft tissue manipulation. The reason given by the utilization reviewer for denying the request was that the modality is not covered by the MTUS. However, the MTUS states that, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community..." However, the MTUS mentioned it only to recommend against it under Low-Level Laser Therapy (LLLT). Similarly, the Official Disability Guidelines recommends against it, except if it is used as an adjunct to an evidence base conservative care, like exercise. Based on the MTUS guidelines, this request is not medically necessary.