

<b>Case Number:</b>	CM15-0014120		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 42-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve a request for a Solar Care heating system apparently dispensed on or around November 6, 2014. The applicant's attorney subsequently appealed. In a December 8, 2014 progress note, the applicant was placed off of work, on total temporary disability, while Voltaren, Flexeril, and several topical compounded medications were prescribed. On September 19, 2014, the applicant was placed off of work, on total temporary disability. There was no mention of the need for an elaborate high-tech heating device on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: 11/06/14 Solar Care FIR Heating System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** No, the proposed Solar Care FIR heating system was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, as were/are present here, by implication, ACOEM does not support more elaborate devices for administering heat therapy and/or cold therapy. Here, the attending provider's progress notes contained no mention to or reference to the need for the device at issue. The attending provider failed to furnish any clear or compelling applicant-specific rationale which would offset the seemingly unfavorable ACOEM position on the request at hand. Therefore, the request was not medically necessary.