

<b>Case Number:</b>	CM15-0131501		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Florida, 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:

This 59 year old woman sustained an industrial injury on 10/8/2013. The mechanism of injury is not detailed. Diagnoses include status post multiple falls with multi-body injury, right shoulder sprain/strain, right shoulder contusion, right shoulder rotator cuff injury, lumbosacral sprain/strain, lumbosacral contusion with coccydynia, lumbosacral disc injury, possible right sacral wing occult fracture, and status post right shoulder surgery. Treatment has included oral medications and surgical intervention. Physician notes dated 6/3/2015 show complaints of a severe flare up of pain to the low back and right leg. Recommendations include Vicodin, lumbar epidural steroid injection, physical therapy, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infrared therapy for the low back and right leg:** 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), Low Back, Infrared therapy (IR).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

**Decision rationale:** This claimant was injured in 2013 with status post multiple falls with multi-body injury, right shoulder sprain/strain, right shoulder contusion, right shoulder rotator cuff injury, lumbosacral sprain/strain, lumbosacral contusion with coccydynia, lumbosacral disc injury, possible right sacral wing occult fracture, and status post right shoulder surgery. As of June 2015, there is a severe flare up of pain to the low back and right leg. Infrared is another way to administer heat. The MTUS/ACOEM guides note that "during the acute to sub-acute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day". More elaborate equipment than simple hot packs are simply not needed to administer heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment or treatments such as infrared. As such, this treatment would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. Therefore, the request is not medically necessary.