

Case Number:	CM15-0132251		
Date Assigned:	07/20/2015	Date of Injury:	07/04/2012
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 27-year-old male, who sustained an industrial injury on 7/04/2012. He reported slipped and fell off a ladder approximately 10-13 feet with injury to the neck, shoulders, back and right knee. Diagnoses include cervical sprain/strain, lumbar sprain/strain, lumbar disc displacement, knee sprain/strain, anxiety syndrome, depressions and fibromyalgia. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, and trigger point injections. Currently, he complained of chronic pain to the low back with radiation to bilateral lower extremities, pain in the neck and bilateral knees. On 5/15/15, the physical examination documented lumbar tenderness with muscle spasms. There were trigger points noted and decreased sensation to bilateral lower extremities. Trigger point injections were provided on this date. The appeal requested authorization for a solar care Unit to treat the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care unit (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Lumbar & Thoracic/Heat therapy (updated 05/15/15).

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

Decision rationale: The ACOEM chapter on low back complaints in table 12-5 states: Initially cold application is recommended the first few days after injury. Thereafter either cold or heat can be applied. The provided documentation does not explain why home heat compresses would not be adequate in the treatment of the patient and therefore the request is not medically necessary.