

<b>Case Number:</b>	CM15-0134273		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California  
 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 44-year-old female who sustained an industrial injury on 9-24-10. Diagnoses are cervical spine sprain and strain with multilevel disc bulges, shoulder sprain and strain, and status post medial epicondylitis. In a progress report dated 4-3-15, the treating physician notes pain is rated at 6 out of 10. Pain is decreased with chiropractics. Left elbow and wrists are doing well. Functional change since last exam is noted as slower than expected. A urine drug screen was done 11-19-14 with results as expected. Medications are Motrin, Ultram, Flexeril, and topicals. Previous treatment includes physical therapy, medication, and surgery. Work status is to return to modified duties. The requested treatment is SolarCare FIR Heating System, FIR Heat Pad, portable for purchase to be used daily 6-8 hours; cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar FIR Heating System, FIR Heat Pad, Portable, Purchase, Cervical Spine, per 05/28/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 31.

**Decision rationale:** According to the guidelines, insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In this case, the claimant's injury is remote to the request for the heating system. In addition, there is no indication that the heating system provides additional benefit beyond a heating pad. There is no evidence to support 8 hours per day use. The Heating system is not a medical necessity for neck pain.