

<b>Case Number:</b>	CM15-0146020		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 injured worker is a 57 year old male who sustained an industrial lifting injury on 05-27-2008. The injured worker was diagnosed with residual radiculopathy status post lumbar decompression and fusion in 2012. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on May 27, 2015, surgery, chiropractic therapy, acupuncture therapy, physical therapy, lumbar epidural steroid injection, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience low back pain rated at 6-8 out of 10 on the pain scale with radiation to the bilateral lower extremities with numbness to left buttock and left leg. There was decreased range of motion due to pain and increased pain with flexion. Positive straight leg raise on the left at 70 degrees was noted. Current medications are listed as Norco, Naproxen and Lidoderm. The injured worker remains on temporary total disability (TTD). The injured worker ambulates without assistive devices. Treatment plan consists of the current request for the purchase of solar care heating system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of solar care fir heating system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Infrared Heath Therapy.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG directly addresses this issue and does not support this request. This unit is an infrared heating unit and the Guidelines point out that there is no superiority to such a unit when compared to usual and customary heat applications such as a heat wrap or thermaphor. There are no unusual circumstances to support an exception to Guideline recommendations. The Purchase of solar care fir heating system is not supported by Guidelines and is not medically necessary.