

<b>Case Number:</b>	CM15-0185688		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male injured worker suffered an industrial injury on 9-26-2014. The diagnoses included closed head injury, cervical and lumbar sprain-strain. On 8-20-2015, the treating provider reported headaches rated 7 out of 10, cervical spine pain rated 6 out of 10 and lumbar pain rated 6 out of 10 that radiated to the lower extremities. The provider noted that she was undergoing acupuncture and physical therapy. Handwritten exam details were difficult to read. Prior treatment included Norco and Motrin. Request for Authorization date was 8-20-2015. The Utilization Review on 9-3-2015 determined non-certification for [REDACTED] FIR Heating System for the Cervical Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] FIR Heating System for the Cervical Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Low back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination,

Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** Treatment included acupuncture, PT, medications and modified activities with continued chronic symptoms. Per Guidelines, infrared therapy remains experimental and investigational as meta-analysis studies concluded that there are insufficient data to draw firm conclusions about the effects of infrared therapy and due to a lack of adequate evidence in the peer-reviewed published medical literature regarding the effectiveness of infrared therapy. Submitted reports have not adequately demonstrated medical indication or necessity beyond guidelines recommendations. The [REDACTED] FIR Heating System for the Cervical Spine is not medically necessary and appropriate.