

Case Number:	CM15-0186995		
Date Assigned:	09/29/2015	Date of Injury:	01/07/2015
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/23/2015

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 19 year old male injured worker suffered an industrial injury on 1-7-2015. The diagnoses included lumbar spine strain-sprain with left lower extremity radicular symptoms. On 8-5-2015 the treating provider reported low back pain rated 5 out of 10 that was constant with positive radiculitis lower left leg to the ankle. On exam the straight leg raise was negative and tenderness in the thoracic-lumbar spine with spasms. The provider reported the request for FIR heating system with heat pad was intended to "help him become independent and to help take a role in the management of symptoms". Prior treatment included physical therapy for 2 months, a lumbar support and Naproxen. Diagnostics included lumbar x-rays 5-20-2015. Request for Authorization date was 8-5-2015. The Utilization Review on 8-21-2015 determined non-certification for FIR heating system with heat pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIR heating system with heat pad: 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 - Lumbar & Thoracic (Acute & Chronic): Heat therapy; National Guideline Clearinghouse, Chronic Low Back Pain.

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 Pain/Heat.

Decision rationale: MTUS Guidelines do not address the issue of heat for persistent low back pain. ODG Guidelines address this issue in detail and the Guidelines state that superficial heat is supported for the treatment of low back pain. There is no recommendation for the infrared system and there is no evidence presented that it is superior to usual and customary applications of superficial heat for the low back. The FIR heating system with heat pad is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The FIR heating system with heat pad is not medically necessary.