

<b>Case Number:</b>	CM15-0196015		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 49 year old female with a date of injury of February 15, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain and strain with bilateral lower extremity radiculopathy, right groin pain, and right hip sprain and strain. Medical records dated June 8, 2015 indicate that the injured worker complained of lumbar spine pain rated at a level of 4 out of 10 with bilateral lower extremity radicular pain. Records also indicate there had been no change in functional status. A progress note dated August 17, 2015 documented complaints of lower back pain rated at a level of 4 out of 10, bilateral lower extremity radiculopathy to the knee with numbness and tingling and a feeling of giving out. Per the treating physician (August 17, 2015), the employee had work restrictions that included limited stooping, bending, standing, walking, climbing, and sitting. The physical exam dated June 8, 2015 reveals difficulty rising from sitting, and moving about with stiffness. The progress note dated August 17, 2015 documented a physical examination that showed difficulty rising from sitting, and antalgic gait, and moving about gingerly. Treatment has included lumbar spine fusion, medications, and back support. The original utilization review (September 7, 2015) non-certified a request for a Solar Care FIR heating system for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 (ODG).

**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 section, Infrared therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one solar care FIR heating system (infrared therapy) is not medically necessary. Infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. In this case, the injured worker's working diagnoses are lumbar spine sprain strain with radiation to the bilateral lower extremities; status post L4 - L5 fusion; right groin pain; and right hip sprain strain. Date of injury is February 15, 2011. Request authorization is August 17, 2015. According to the August 17, 2015 progress note, the injured worker has ongoing low back pain with radiation left lower extremity. There is occasional numbness. There is no change in functional status from the prior visit. Medications include Naprosyn and Sonata. Objectively, the injured worker walks with an antalgic gait without an assistive device. There are no other objective clinical findings in the record. There is no lumbar spine examination and no neurologic evaluation. The injured worker suffers from chronic low back pain. There is no documentation indicating the injured worker suffered an acute reinjury or flareup. Objectively, there is no physical examination of the lumbar spine. There was no neurologic evaluation of the lumbar spine and lower extremities. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain and guideline non-recommendations where infrared therapy is not recommended over other heat therapies, one solar care FIR heating system (infrared therapy) is not medically necessary.