

Case Number:	CM15-0199711		
Date Assigned:	10/14/2015	Date of Injury:	03/25/2013
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 63year old male, who sustained an industrial injury on March 25, 2013, incurring upper and lower back injuries and left shoulder injuries. She was diagnosed with lumbar spine strain with radiculitis and multilevel disc disease, cervical spine strain and left shoulder strain with osteoarthritis. Treatment included pain medications, topical analgesic patches and compound creams, anti-inflammatory drugs, physical therapy acupuncture and activity restrictions. Currently, the injured worker complained of constant sharp lumbar spine pain and cervical spine pain with numbness and tingling in the bilateral upper and lower extremities rated 7 out of 10 on a pain scale from 1 to 10. She noted increased neck stiffness and reduced range of motion interfering with her activities of daily living. The pain was increased with activity and walking. Physical examination revealed difficulty standing, sitting and rising from sitting. The pain was relieved with rest and medications. The treatment plan that was requested for authorization included a Solar Care FIR Heating System for purchase. On September 10, 2015, a request for purchase of a Solar Care Heating System was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR Heating System for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, 2015, Chapter: Low Back, Lumbar & Thoracic, Infrared therapy.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines state that heat may be used for a few days after the injury, but there is no indication for solar care infrared energy which is not supported by guidelines. The patient was injured in 2013. The request for solar care FIR heating system for purchase is not medically appropriate and necessary.