

<b>Case Number:</b>	CM15-0027889		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/27/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 injured worker is a 38 year old male, who sustained an industrial injury on 3/27/2010. He reports a low back injury after lifting and changing a tire on a diesel trash truck. Diagnoses include lumbar sprain, lumbar disc disorder, lumbosacral herniation, lumbar 5 radiculopathy and status post lumbar 5-sacral 1 discectomy. Treatments to date include facet joint injections, left sided discectomy, facet Rhizotomy, lumbar epidural steroid injections, laminectomy and discectomy revision, back brace, physical therapy and medication management. A progress note from the treating provider dated 1/12/2015 indicates the injured worker reported low back pain. On 1/30/2015, Utilization Review non-certified the request for purchase of Solar Care FIR Heating system, citing MTUS, ACOEM and Official Disability Guidelines.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Infrared therapy (IR).

**Decision rationale:** The most recent report provided is dated 11/10/14 which states the patient presents with a diagnosis of lumbar sprain/strain. No objective examination findings are provided. The current request is for PURCHASE OF SOLAR CARE FIR HEATING SYSTEM per the 11/10/14 RFA and report. The patient is not working as of 09/02/14. MTUS is silent with regards to Infrared therapy (IR), however ODG-TWC Low Back Chapter states: "Infrared therapy (IR) Not recommended over other therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." The 09/02/14 report states the patient is prescribed medications for pain and is not undergoing physical therapy. There is no mention of exercise. Guidelines allow a limited trial for deep heating when used as an adjunct to conservative care and this request is for purchase which does not suggest a limited trial. Furthermore, the reports do not state use is for deep heating and guidelines do not recommend this treatment over other therapies. The request IS NOT medically necessary.