

Case Number:	CM15-0216001		
Date Assigned:	11/05/2015	Date of Injury:	03/22/2010
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 3-22-2010. The injured worker is undergoing treatment for lumbar decompression and fusion, facet arthrosis, lumbar laminectomy and post-operative pain. Medical records dated 9-11-2015 indicate the injured worker complains of intermittent back pain rated 1-2 out of 10 and radiating to the left lower extremity. The treating physician indicates he is "progressing nicely from surgery." Physical exam dated 9-11-2015 notes independent ambulation, full motor strength and surgical wounds are clean, dry and intact. Treatment to date has included lumbar fusion 8-18-2015, Norco, Zanaflex, Neurontin and Medrol Dosepak. Review of X-rays on 9-11-2015 indicates "intact hardware and interbody device and pedicle screws at L3, L4, L5 not as listed previously before L4, L5 and S1." The original utilization review dated 10-14-2015 indicates the request for purchase of solar care far infrared ray (FIR) heating system is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of solar care far infrared ray (FIR) heating system: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Pursuant to the ACOEM, one purchase solar care Far Infrared Ray (FIR) heating system is not medically necessary. The guidelines do not recommend infrared heating system. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In this case, the injured worker's working diagnoses are lumbar decompression and fusion, facet arthrosis, lumbar laminectomy and post-operative pain. Date of injury is March 22, 2010. Request for authorization is October 7, 2015. The documentation indicates the injured worker is status post anterior/posterior lumbar fusion August 3, 2015. Subjectively, the injured worker has ongoing low back pain 7/10 with stiffness. The treatment provider has been working up the injured worker for ongoing diarrhea and a deep vein thrombosis. The injured worker has not received physical therapy. The treating provider requested purchase of a solar care Far Infrared (FIR) heating system. The guidelines do not recommend solar care Far Infrared (FIR) heating system. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one purchase solar care Far Infrared Ray (FIR) heating system is not medically necessary.