

Case Number:	CM15-0219171		
Date Assigned:	11/12/2015	Date of Injury:	01/28/2013
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old male sustained an industrial injury on 1-28-13. Documentation indicated that the injured worker was receiving treatment for lumbar spine sprain and strain with disc bulge and radiculopathy, thoracic spine sprain and strain and cervical spine sprain and strain. Previous treatment included physical therapy and medications. In a PR-2 dated 9-8-15, the injured worker complained of pain to the cervical spine and lumbar spine that increased with prolonged positions, rated 2 to 5 out of 10 on the visual analog scale. The injured worker stated that his headaches were "much improve" and that his left elbow pain was only intermittent. Objective findings were documented as "no changes since 7-20-15 exam". The treatment plan included discontinuing Motrin, a prescription for Naproxen Sodium and a solar care fir infrared heating system to "empower the injured worker to become independent and help them take a role in the management of their symptoms". On 10-12-15, Utilization Review noncertified a request for a solar care far infrared heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care Far Infrared 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, Treatment Index, Low Back, Lumbar and Thoracic (Acute and Chronic)/Infrared Therapy.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of a solar care far infrared heating system. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established. Therefore, the request is not medically necessary.