

Case Number:	CM15-0030324		
Date Assigned:	02/23/2015	Date of Injury:	09/25/2013
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 25, 2013. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for a Solar Care FIR heating system with associated FIR heat pad. A January 15, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of low back pain. The applicant was described as using a variety of analgesic medications, including Norco, Flexeril, dietary supplements, and topical compounded agents. The applicant was placed off of work, on total temporary disability, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

For Purchase For Lumbar Spine Solar Care Fir Heating System , Fir Heat Pad , Portable 6-8 Hours Per Day , Use Daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299.

Decision rationale: No, the proposed Solar Care FIR heating system with associated heating pad was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, by implication/analogy, ACOEM does not support more elaborate, high-tech devices for administration of heat and/or cold therapy. Here, the attending provider did not state why an at-home heat or cold pads could not be employed in lieu of the more elaborate device at issue here. Therefore, the request was not medically necessary.