

Case Number:	CM15-0043357		
Date Assigned:	03/13/2015	Date of Injury:	08/14/2013
Decision Date:	04/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60 year old female, who sustained an industrial injury on August 14, 2013. The injured worker had reported a low back injury. The diagnoses have included lumbar spine sprain, lumbago and lumbar five sciatica with left lower extremity radiculitis. Treatment to date has included medications, radiological studies, ice treatment, physical therapy and a home exercise program. Current documentation dated February 20, 2015 notes that the injured worker complained of low back pain with radiation down the left lower extremity to the foot. Associated symptoms included weakness, numbness and tingling. The injured workers current medications were noted to be helpful for the pain. The injured workers symptoms were unchanged. The treating physician's recommended plan of care included the purchase of a solar care Far-Infrared heating system heating pad #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase solar care FIR heating system heating pad quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ? Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for low back pain with radiating leg symptoms. In terms of thermal modalities, the use of heat is low cost as an at-home application, has few side effects, and is noninvasive. The at-home application of heat is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There is no need for an infrared heating unit which is therefore not medically necessary.