

Case Number:	CM15-0047291		
Date Assigned:	03/19/2015	Date of Injury:	06/19/2014
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old male, who sustained an industrial injury on 6/19/14. The injured worker was diagnosed as having cervical spine sprain/strain, right shoulder sprain/strain and right elbow lateral epicondylitis. Treatment to date has included acupuncture, trigger point injection of elbow, lumbar epidural injection, activity restrictions, and (MRI) magnetic resonance imaging of cervical spine, laminotomy and oral medications. Currently, the injured worker complains of neck and right shoulder pain. The treatment plan included (MRI) magnetic resonance imaging of right shoulder, chiropractic treatment, pain management and orthopedic consult. The documentation states there has been no change since previous visit. Trigger point injection was mildly helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care (FIR) Far Infrared Ray Heating System 6-8 hours as needed cervical spine for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Pain, Heat/cold applications.

Decision rationale: The request is an electronic heating pad with various heat settings. ACOEM and ODG comment on heat/cold packs, “Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient”. There is no evidence to specifically infrared heating pad. The guidelines appear to recommend short-term use of heat application within the first few days of injury. With a date of injury of 6/2014, the patient is significantly past the “acute” phase of the injury. Medical documents do not substantiate the necessity of the product now. As such, the request for Solar Care (FIR) Far Infrared Ray Heating System 6-8 hours as needed cervical spine for purchase is not medically necessary.