

Case Number:	CM15-0051127		
Date Assigned:	03/24/2015	Date of Injury:	07/26/2010
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: 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 56 year old male who sustained a work related injury July 26, 2010. Past history included hypertension. According to a physician's note, dated January 7, 2015, the injured worker presented for an acupuncture follow-up appointment, receiving his third treatment. The last treatment was performed September 24, 2014, which according to the injured worker provided a reduction in lower back pain. On examination, there was tenderness to palpation of the lower lumbar paraspinal muscles from L3-S1 and over the lower thoracic paraspinal muscles bilaterally. There was some guarding noted on lumbar flexion, his gait was grossly non-antalgic, and ambulated without assistance. Diagnoses are documented as spondylosis lumbosacral-lumbar facet arthropathy; sprain/strain lumbar region; chronic pain. Treatment plan included request for authorization for additional acupuncture treatments including infrared therapy of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared therapy for low back (DOS 1/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 12 (Revised 2007) pages 158-159.

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), Infrared therapy (IR).

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic low back and thoracic pain. He is receiving acupuncture treatment with benefit. Infrared therapy (IR) is not recommended over other heat therapies, although providers may consider a limited trial of IR therapy for treatment of acute low back pain if used as an adjunct to a program of evidence based conservative care including exercise. In this case, there is no new injury and the claimant's condition is chronic. He is improving with the acupuncture treatments being provided. Other available heat modalities would be expected to be appropriate for his condition. Therefore the requested IR treatment is not medically necessary.