MAXIMUS Federal Services

Case Number:	CM15-0085996		
Date Assigned:	05/08/2015	Date of Injury:	03/28/2014
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 3/28/14. He reported initial complaints of neck, upper and lower back. The injured worker was diagnosed as having cervical spine strain/sprain; lumbar sprain/strain; lumbar spine stenosis. Treatment to date has included chiropractic therapy; physical therapy. Diagnostics included MRI head, neck, lumbar spine (3/28/14). Currently, the PR-2 notes dated 4/2/15 are hand written. They indicate the injured worker complains of cervical spine pain/pressure at a pain level of 5/10 that radiates to the bilateral shoulders positive for numbness and tingling sensation that increases with forward flexion. The lumbar pain is rated as 5/10 pain level noted as sharp radiating to the bilateral lower extremities to his feet and positive for weakness in the right lower extremity (noted history of a right total knee arthroplasty - no date). The provider note the injured worker wants to avoid surgery if possible. The provider indicates the functional changes have improved although slower than expected and mild. He has participated in chiropractic and physical therapy. He has returned the injured worker to modified duty. The provider sends information regarding his requested for Infrared heating pad system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared heating pad system: 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): Chapter 12 Low Back Complaints, Physical Methods, pages 298-301, Chronic Pain Treatment Guidelines Non-thermal infrared therapy, page 57.

Decision rationale: Per Guidelines, infrared therapy remains experimental and investigational as meta-analysis studies concluded that there are insufficient data to draw firm conclusions about the effects of infrared therapy and due to a lack of adequate evidence in the peer-reviewed published medical literature regarding the effectiveness of infrared therapy. Submitted reports have not adequately demonstrated medical indication or necessity beyond guidelines recommendations. The Infrared heating pad system is not medically necessary and appropriate.