

Case Number:	CM14-0122253		
Date Assigned:	09/16/2014	Date of Injury:	03/24/2014
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old patient had a date of injury on 3/24/2014. The mechanism of injury was helping another client get out of bed when the patient felt a strain in lower back. In a progress noted dated 6/24/2014, the patient complains of lower back pain which was constant, burning and sharp. The pain increased with sitting and lying down. On a physical exam dated 6/24/2014, the patient had difficulty rising to sitting position. The patient's gait was antalgic, moved about with stiffness. The diagnostic impression shows chronic back pain, LS strain Treatment to date: medication therapy, behavioral modification A UR decision dated 7/8/2014 denied the request for Solar care FIR heat system, stating that guidelines do not recommend use of heat in a subacute or chronic setting. Furthermore, guidelines to not recommend purchase of equipment such as an IR heating system in any timeframe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care FIR Heat system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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 chapter

Decision rationale: CA MTUS does not address this issue. ODG does not recommend infrared therapy over other heat therapies. While deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only used as an adjunct to a program of evidence based conservative care such as exercise. In a progress report dated 6/24/2014, there was no clear rationale provided regarding the medical necessity of infrared heat therapy, and why this patient cannot tolerate more conservative applications of heat. Therefore, the request for Solar Care FIR heat system was not medically necessary.