

Case Number:	CM14-0124121		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2014
Decision Date:	10/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 46-year-old female who has submitted a claim for cervical, lumbar, and left shoulder sprain associated with an industrial injury date of 03/30/2014. Medical records from 03/22/2014 to 06/17/2014 were reviewed and showed that patient complained of neck pain graded 8-9/10 radiating down bilateral upper extremities, left shoulder pain graded 8-9/10, and low back pain graded 8-9/10 radiating down bilateral lower extremities. Physical examination of the cervical spine revealed tenderness over cervical paravertebral muscles, decreased cervical range of motion (ROM), positive bilateral Spurling's tests, hypesthesia along C6 and C7 dermatomes, weakness of C6, C7, and C8 myotomes, and intact deep tendon reflexes (DTRs). Physical examination of the left shoulder revealed tenderness over bilateral shoulders, decreased shoulder ROM, and positive impingement, drop arm, and Hawkin's tests. Physical examination of the lumbar spine revealed tenderness over lumbar paraspinal muscles, decreased lumbar ROM, positive straight leg raise (SLR) and Braggard's tests, hypesthesia along L4, L5, and S1 dermatomes, weakness of L4, L5, and S1 myotomes, and hyporeflexia of Achilles and patellar tendons. MRI of the cervical spine dated 04/29/2014 revealed C3-4, C4-5, C5-6, and C6-7 disc bulges and C5-6, C6-7, and C3-4 mild canal stenosis. X-ray of the cervical spine dated 04/01/2014 was unremarkable. Of note, it was unclear if the patient was participating in a rehabilitation program. Treatment to date has included physical therapy, acupuncture, and pain medications. Of note, there was no documentation of functional outcome from abovementioned treatments. Utilization review dated 06/30/2014 denied the request for Solar care infrared heating pad purchase because there was no detailed discussion of efficacy of prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care infrared heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Infrared therapy (IR)

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute lower back pain (LBP), but only if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, the patient complained of neck, left shoulder, and low back pain. Physical exam findings did not provide evidence of acute exacerbation. The guidelines only recommend infrared therapy for acute low back pain treatment. Moreover, it was unclear as to whether the patient was participating in a rehabilitation program. The guidelines recommend IR therapy as adjunct to exercise. The request likewise failed to specify the body part to be treated. Therefore, the request for Solar care infrared heating pad is not medically necessary.