MAXIMUS Federal Services

Case Number:	CM14-0124449		
Date Assigned:	08/08/2014	Date of Injury:	03/23/2010
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
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 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 is a 55-year-old female with a date of injury of 3/23/10. The mechanism of injury is not disclosed in reports submitted to IMR for review. The patient returned in follow-up on 6/18/14 with complaints of ongoing pain affecting the lumbar spine, bilateral shoulders, bilateral elbows, and bilateral wrists/hands. The patient was scheduled to begin chiropractic care on 6/19/14. Diagnosis include myofascial pain of the shoulders, cervical sprain/strain with radiculopathy, bilateral wrist sprain/strain, s/p bilateral carpal tunnel release, bilateral medial epicondylitis s/p surgery, and bilateral hand sprain/strain. Medications are prescribed, including Norco, Voltaren and compounded topicals. A Solar Care FIR is recommended for the cervical spine. This was submitted to Utilization Review on 7/24/14 with an adverse determination rendered on 7/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar car FIR Infrared heating system cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (Revised) <Chapter 6 Chronic Pain>, page(s) 170 Official Disability Guidelines (ODG) Low Back, Infrared therapy (IR)

Decision rationale: The CA MTUS and California ACOEM chapters are silent on infrared therapy; therefore, consider the above guideline quotes from the revised ACOEM 2nd edition chapter on chronic pain, and ODG. Infrared is not recommended for treatment as there is insufficient evidence that supports this over other forms of heat therapy that are less expensive to administer. Medical necessity of the Solar Care FIR heating system for the cervical spine is not established.