

<b>Case Number:</b>	CM14-0128664		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Occupational Medicine 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 52 year old patient had a date of injury on 10/21/2002. The mechanism of injury was lifting and moving heavy boxes. In a progress noted dated 7/23/2014, the patient complains of lumbosacral pain that is 9/10. The pain is episodic that takes her breath away and she sees stars. On a physical exam dated 7/23/2014, the findings are essentially unchanged, and she is on Celebrex and Flexeril. The diagnostic impression shows lumbar radiculopathy, progressive neurologic decline. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 7/23/2014 denied the request for solar care FIR heating system for lumbar spine, stating that it was not clear how this device was likely to provide more significant benefit than simple hot packs she can prepare at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar care FIR heating system for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding cold/heat packs

**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. Where deep heating is desirable, providers may consider a limited trial of infrared (IR) therapy for treatment of acute lower back pain (LBP), but only if used as an adjunct to a program of evidence-based medicine. In the 7/23/2014 progress report and in the documentation provided, there was no evidence that this patient has tried conservative therapy such as heat/cold packs that would justify the use of infrared therapy. Therefore, the request for Solar Care FIR heating system of lumbar spine is not medically necessary.