

<b>Case Number:</b>	CM14-0166248		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Texas. 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 claimant is a 59 year old male who sustained a work injury on 10-31-13. The medical records were reviewed. The medical records show that the claimant had an epidural steroid injection on 1-15-14. The treatment has been based on physical therapy and chiropractic therapy. He also had acupuncture with 50% improvement. The claimant is also treated with medications. An office visit on 9-23-14 notes the claimant reports lumbosacral tenderness to palpation, painful range of motion, and SLR positive on the left. DTR are equal and bilaterally, strength is also equal bilaterally. The claimant reports benefit with acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infrared heat therapy twice a week for three weeks 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- Low Back (updated 08/22/2014) Infrared therapy

**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 - Infrared Heat

**Decision rationale:** Official Disability Guidelines states 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 low back pain, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The IR therapy unit used in this trial was demonstrated to be effective in reducing chronic low back pain, and no adverse effects were observed; the IR group experienced a 50% pain reduction over 7 weeks, compared with 15% in the sham group. There is an absence in documentation noting that this claimant require infrared therapy as part his treatment at this juncture or that specialized equipment is needed to provide heat. Therefore, the medical necessity this request is not established.