

Case Number:	CM14-0217777		
Date Assigned:	01/07/2015	Date of Injury:	09/15/2008
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 45 year old male with a reported industrial injury on September 15, 2008, after falling off a ladder. The injured worker was seen on September 16, 2014, for follow-up visit with pain management specialist. The presenting complaints included back pain and bilateral shoulder pain. The pain is in the lumbar region with radiating symptoms into his bilateral lower extremities. The physical exam revealed paravertebral muscle spasm and tenderness to the lumbar region and positive straight leg raise. There is noted decreased sensation to light touch over the L4 and L5 dermatomes and weakness in both lower extremities. The diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine on September 26, 2014 which revealed degenerative changes noted within the lumbar spine particularly at L4-L5 and L5-S1 and there has been interval surgery at L4-L5 level since previous study on December 10, 2008 with decompression of the central canal, L4-L5 there is moderate disc height loss and mild associated degenerative endplate changes, disc protrusion asymmetric to the right paracentral/foraminal region and laminectomy changes noted, moderate facet arthropathy, there is narrowing of the lateral recesses right greater than left with encroachment on the traversing L5 nerve roots. There is moderate foraminal stenosis bilaterally with encroachment on the L4 nerve roots. L5-S1 there is broad based disc protrusion slightly asymmetric to the left paracentral region and there is mild to moderate facet arthropathy. There is moderate to severe foraminal narrowing on the left and moderate foraminal narrowing on the right. The medical treatment is back surgery, steroid injections, Diagnoses are failed back surgery syndrome, status post L4 partial laminectomy MRI finding of grade 1 retrolisthesis of L4

over L5 and L5 over S1, MRI finding of a 5 MM disc bulge at L4-L5, MRI finding of facet arthrosis at L3-L4, L4-L5 and L5-S1, lumbar radiculopathy and syncope attacks with multiple fall accidents. The treatment plan is to be evaluated by primary physician for syncope, continue Oxycontin, Oxycodone, and Cymbalta, Gabapentin, urine drug screen and trial of a spinal cord stimulator. On November 24, 2014, the provider requested SolarCare FIR Heating System purchase, on December 2, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

SolarCare FIR heating system purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Low Back Pain: Treatment Considerations

Decision rationale: SolarCare FIR heating system purchase is not medically necessary. The American College of Environmental Medicine and the Official Disability Guidelines supports that statement that applications of heat and cold are recommended as method of symptom control for ankle and foot complaints. Additionally, at home applications of cold during first few days of acute complaint is recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists then use cold. The ACOEM, supports simple low-tech applications of heat and cold as opposed to the motorized cold therapy device being proposed. Finally, the claimant's condition is chronic. The ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.