

Case Number:	CM15-0002098		
Date Assigned:	01/13/2015	Date of Injury:	12/11/1998
Decision Date:	03/16/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a chronic low back pain reportedly associated with an industrial injury of December 11, 1998. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a Solar Care FIR heating system and associated FIR portable heating pad. The claims administrator referenced a November 19, 2014 progress note in its determination. The claims administrator contended that the applicant was off of work. The applicant's attorney subsequently appealed. The Solar Care heating system was reportedly endorsed on progress notes of November 19, 2014 and October 24, 2014. In an applicant questionnaire dated December 4, 2014, difficult to follow, not entirely legible, the applicant seemingly acknowledged that he was not working. In a handwritten note dated January 6, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. Acupuncture and physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Solar Care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 299.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 399 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, by implication, ACOEM does not endorse more elaborate, high-tech devices for administering hot and/or cold therapy. The attending provider did not establish a compelling rationale for introduction of a more elaborate, high-tech device for administering heat therapy, as was sought here. The request, thus, is at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.

1 FIR Portable Heat Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for FIR Solar Care heating system. Since that was deemed not medically necessary above, in question #1, the derivative or companion request for a FIR heating pad was likewise not medically necessary.