

Case Number:	CM15-0111091		
Date Assigned:	06/17/2015	Date of Injury:	10/06/2014
Decision Date:	07/16/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 41-year-old female who sustained an industrial injury on 10/06/2014. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having sprain and strain of lumbosacral. Treatment to date has included physical therapy, chiropractic care and acupuncture. Currently, the injured worker complains of low back pain rated at 6/10 that is increased with prolonged walking and standing. The pain does not radiate but there is complaint of weakness in the left lower extremity. The plan of care included physical therapy 2 x 3 weeks for the lumbar spine and discontinuing Motrin. A request for authorization was made for a Solar care FIR heating system for lumbar spine.

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 lumbar spine: Overturned

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 ODG and low back pain heat therapy pg 48.

Decision rationale: According to the ODG guidelines, heat therapy is recommended as an option for low back pain. According to the ACEOM guidelines, recommends heat after the acute phase of the injury. In this case, the injury and pain were chronic. The claimant had undergone therapy and medications for pain relief. The request for solar car FIR heat therapy is appropriate and medically necessary.