

Case Number:	CM15-0128653		
Date Assigned:	07/15/2015	Date of Injury:	05/27/2008
Decision Date:	08/12/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 injured worker is a 57 year old male, who sustained an industrial injury on 5/27/2008. The mechanism of injury was loading food onto a truck. The injured worker was diagnosed as having chronic pain, lumbar radiculopathy and status post lumbosacral fusion. There is no record of a recent diagnostic study. Treatment to date has included lumbar surgery in 2012, chiropractic care, steroid injections, epidural steroid injection, acupuncture, physical therapy and medication management. In a progress note dated 6/15/2015, the injured worker complains of lumbar spine pain, radiating to the left lower extremity and right hip, rated 7/10 with medications and 8/10 without medications. Physical examination showed the lumbar spine was sensitive to touch and was positive for straight leg raise. The treating physician is requesting Solar Care FIR Heating System for the 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 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 (ODG), Low Back/Heat Therapy updated 5/5/15.

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 - Lumbar & Thoracic (Acute & Chronic), Infrared Heat Therapy.

Decision rationale: The Official Disability Guidelines do not recommended infrared therapy over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). Heat therapies have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Solar Care FIR Heating System for the Lumbar Spine is not medically necessary.