

Case Number:	CM15-0027432		
Date Assigned:	02/19/2015	Date of Injury:	09/25/2013
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 34 year old male sustained an industrial injury on 9/25/13, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (11/14/13), showed a large annular tear and a L5-S1 disc protrusion with compression on the S1 nerve root. In a PR-2 dated 1/15/15, the injured worker complained of pain 8/10 with radiation to bilateral lower extremity and feet associated with increasing impotency and sleep issues. The injured worker reported that past chiropractic therapy and epidural steroid injections provided no relief. Current diagnoses included lumbar spine sprain/strain, bilateral sciatica and gastritis. The treatment plan included continuing medications (Norco, Flexeril, compound cream and Toproprion), a psychology consultation and a solar FIR unit for the lumbar spine. On 1/29/15, Utilization Review noncertified a request for Solar care FIR heating system, FIR Heat pad portable 6-8 hours per day, use daily for purchase for lumbar spine citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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, FIR Heat pad portable 6-8 hours per day, use daily for purchase for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Pain, Heat/cold applications.

Decision rationale: The request is an electronic heating pad with various heat settings. ACOEM and ODG comment on heat/cold packs, "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient". There is no evidence to specifically support infrared heating pads. The guidelines appear to recommend short-term use of heat application within the first few days of injury. With a date of injury of 2013, the patient is significantly past the "acute" phase of the injury. Medical documents do not substantiate the necessity of the product at this time. As such, the request for Solar care FIR heating system, FIR Heat pad portable 6-8 hours per day, use daily for purchase for lumbar spine is not medically necessary.