

Case Number:	CM15-0028978		
Date Assigned:	02/20/2015	Date of Injury:	06/24/2014
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Pennsylvania

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 is a 54-year-old male, who sustained an industrial injury on 6/24/2014. The diagnoses have included cerebral concussion with headaches, memory and cognitive problems, lumbosacral sprain right more than left, sciatica, severe degenerative disc disease, and adjustment disorder. Treatment to date has included physical therapy, diagnostic imaging including magnetic resonance imaging (MRI) and x-rays, acupuncture, chiropractic care, electrocardiogram (EKG), pulmonary function testing, biofeedback, and activity modification. EMG (electromyography)/NCV (nerve conduction studies) dated 10/20/2014 showed acute bilateral L5 radiculopathy. Currently, the IW complains of increased headaches and dizziness. He reports feeling anxious, agitated, sad, angry, and irritable due to pain. Objective findings were not included in the most recent evaluation. On 2/04/2015, Utilization Review non-certified a request for purchase of a solar care FIR heating system noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM and ODG were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of purchase of a solar care FIR heating system.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Heat Therapy.

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: Infrared therapy.

Decision rationale: The Solar Care FIR Heating System is a system that provides local heat via infrared. The prescribing physician referred to this as interferential therapy and used guidelines supporting interferential current therapy as justification for the device. However, interferential current therapy is not supplied by this device. It appears from the record that this system is not actually what the prescribing physician intended for this worker. Infrared therapy is not recommended over other heat therapies. The ODG states that "where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care (exercise). Infrared therapy has been shown to be effective in reducing chronic low back pain. Although this device may help to reduce pain, there is no reason to believe it will reduce the pain any better than other forms of heat such as a heating pad or moist heat pack. Solar Care FIR Heating System is not medically necessary and appropriate.