

Case Number:	CM15-0072302		
Date Assigned:	04/22/2015	Date of Injury:	02/21/2000
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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: New Jersey
 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 65-year-old male who sustained an industrial injury on 02/21/2000. Diagnoses include junctional syndrome-status post L4 to S1 fusion. Treatment to date has included medications and surgery. Diagnostics included MRIs. According to the progress notes dated 10/14/14, the IW reported persistent low back and bilateral leg pain that was increasing, especially with prolonged standing and walking. An intramuscular Toradol injection was given 10/14/14 for acute exacerbation of pain. A retrospective request was made for the purchase of a Solar Care heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Solar Care Heating System, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar & Thoracic - Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ODG Low Back section, Heat therapy.

Decision rationale: The MTUS ACOEM Guidelines are not specific as to whether or not heat therapy is appropriate for long-term use, but does mention it as an acceptable and essentially harmless conservative method to treat acute low back pain, or any other muscle pain (typically up to 2 weeks). The ODG recommends heat therapy as an option for low back pain, as it has been shown to reduce pain (although small and short-term) and increase function, especially when used during exercise during recovery from musculoskeletal injuries. However, for this treatment method to be justified for continuation, the patient needs to exhibit or report improvements in function and pain-relief attributable to its use. In the case of this worker, he was recommended to use a specific product called a Solar Care Heating System, which is an infrared-based device for producing heat therapy for the treatment of pain. However, there was no supportive evidence found in the notes provided for review to suggest this specific product was necessary and important over and above simpler methods of providing heat to the worker's area(s) of pain to help justify this request. Therefore, the request for Solar Care Heating System is not medically necessary.