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## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0018468	<b>Date of Injury:</b>	02/08/2012
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████ MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	SolarCare FIR Heating System		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

**CLINICAL SUMMARY:** All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 8, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture over the life of the claim; unspecified numbers of epidural steroid injections; and work restrictions. It does not appear that the applicant's limitations have been accommodated by the employer, however.

In a utilization review report of August 7, 2013, the claims administrator denied the request for SolarCare FIR heating system. The applicant subsequently appealed, on August 28, 2013.

A later handwritten progress report of September 30, 2013 is notable for comments that the applicant reports multifocal 8/10 shoulder and low back pain with associated insomnia. The applicant's hypertension as described is controlled. Work restrictions are renewed.

An earlier handwritten progress report of July 23, 2013 is difficult to follow, not entirely legible, is seemingly notable for comments that the applicant should pursue an epidural steroid injection and obtain a SolarCare FIR unit for the shoulder. Work restrictions are again endorsed. A rather proscriptive 10-pound lifting limitation is endorsed.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. SolarCare FIR heating system is not medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), which is part of the MTUS

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-Adopted ACOEM guidelines in chapter 9, the applicant's at home application of heat and cold packs are as effective as those performed by therapist, or implication, those delivered via high-tech means. In this case, the attending provider has not furnished any compelling rationale so as to try and offset the unfavorable ACOEM recommendation. It is unclear why the applicant cannot apply at-home applications for heat and cold as opposed to requiring an elaborated heating device. Therefore, the original utilization review report decision is upheld. The request remains non-certified, on independent medical review. **The request for a SolarCare FIR heating system is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]  
[REDACTED]

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