

<b>Case Number:</b>	CM13-0020384		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of congestive behavioral therapy; an H Wave device; prior right shoulder surgery in October 2012; multiple cervical spine medial branch blocks and other interventional procedures; and extensive periods of time off of work. In a utilization review report of August 28, 2013, the claim's administrator denied a request for cold laser therapy. The applicant's attorney later appealed, on September 1, 2013. A later note of September 13, 2013 is notable for comments that the applicant recently underwent radiofrequency ablation procedure involving the cervical spine. The applicant is on Naprosyn for pain relief, which is refilled. The applicant is asked to pursue further physical therapy. A proscriptive 10-pound lifting limitation is endorsed. It does not appear that the applicant has returned to work with limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold laser treatments:** 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), Lower Back- Lumbar & Thoracic (Acute and Chronic). .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lower Level Laser Therapy, Cold Lasers Page(s): 57, 35.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, a low level laser therapy, a form of cold laser therapy, is not recommended in the treatment of chronic pain, as is present here. In this case, neither the attending provider nor applicant's attorney has furnished any compelling rationale or narrative to the application of IMR to offset the unfavorable MTUS recommendation. The request for cold laser treatments is not medically necessary and appropriate.