

Case Number:	CM13-0038633		
Date Assigned:	12/18/2013	Date of Injury:	02/28/2013
Decision Date:	02/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 patient is a 62-year-old male who reported an injury on 02/28/2013 due to a fall that reportedly caused injury to the lumbar spine, cervical spine, shoulder, and caused multiple contusions. The patient was treated with physical therapy, a TENS unit, medications, epidural steroid injections, and trigger point injections. The patient continued to have neck pain radiating into the bilateral shoulders that is decreased by medications from an 8/10 to a 7/10. Physical examination revealed pain on palpation along the bilateral trapezius musculature. The patient's treatment plan included continued trigger point injections, continued medications, and low level laser therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low level laser cervical spine four spots x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on low level laser therapy.

Decision rationale: The Official Disability Guidelines do not recommend the use of this type of therapy due to a lack of scientific evidence to support the efficacy and safety of this treatment. The clinical documentation submitted for review does not provide any evidence of exceptional factors to extend treatment beyond guideline recommendations. As such, the requested low level laser cervical spine 4 spots x6 sessions is not medically necessary and appropriate.