

<b>Case Number:</b>	CM14-0002834		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	05/02/2001
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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/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 injured worker is a 55-year-old male with an injury reported on 05/02/2001. The mechanism of injury was described as an industrial injury. The clinical note dated 12/16/2013, reported the injured worker complained of pain in the left foot, ankle and lower back. The physical examination findings reported the injured worker's left foot had a 'moderately' positive Tinel's testing into the medial plantar nerve. There was also a scar at the junction of the mid forefoot at the first cuneiform metatarsal. It was reported that the left foot had five additional laser treatments with 40% relief of symptoms for two to three weeks. It was also reported that the injured worker had a persistent 20-30% relief of his symptoms. It was also noted that the scar over the posteromedial aspect of the left foot had softened due to the laser treatment. The diagnoses included left tarsal tunnel syndrome; left lumbar radiculitis; and left neuroma mid-foot. The request for authorization was submitted on 01/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL FIVE ND: YAG 1064 LASER TREATMENTS TO THE LEFT FOOT:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW-LEVEL LASER THERAPY Page(s): 57.

**Decision rationale:** The injured worker complained of pain in the left foot, ankle and lower back. It was reported that the left foot had five additional laser treatments with 40% relief of symptoms for two to three weeks. It was also reported that the injured worker had a persistent 20-30% relief of his symptoms and the scar over the posteromedial aspect of the left foot had softened due to the laser treatment. According to the California MTUS guidelines, Low-Level Laser Therapy (LLLT) is not recommended. Low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milliwatts. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. It was noted that the injured worker had five laser treatments already and only had 40% relief of symptoms for 2-3 weeks. It was also noted that the laser treatment softened the scar to his left foot. There is a lack of clinical information provided to determine what specific symptoms were relieved with the laser treatment to indicate medical necessity. In addition, low-level laser therapy is not recommended by MTUS. Therefore, the request is non-certified.