

Case Number:	CM14-0018667		
Date Assigned:	04/18/2014	Date of Injury:	12/05/2011
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 59 year old female with a reported date of injury on 12/05/2011. The worker was injured on an elevator and slipped on water, afterwards she began to feel pain in her lower back. The progress note dated 01/29/2014 reported the patient's pain score was 10/10 with low back pain radiating down the front of both of her legs and worsening. The diagnoses listed included lumbar radiculopathy, herniated lumbar disc, pain-related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence. The injured worker was also recommended for surgery. The injured worker was taking opioids, muscle relaxers and antidepressants. The progress note dated 12/06/2013 reported the injured worker was treated with Class IV laser therapy and reported a 60-70% decrease in pain. The request of authorization form was not submitted with the medical records. The request is for Class IV laser therapy to the lower back 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLASS IV LASER THERAPY TO THE LOWER BACK 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW LEVEL LASER THERAPY Page(s): 300. Decision based on Non-MTUS Citation OMPG-LOW LEVEL LASER THERAPY.

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

Decision rationale: The injured workder was taking opiods, muscle relaxants and antidepressants but continued to rate her pain at 10/10. The California Chronic Pain Medical Treatment guidelines do not recommend laser therapy. There has been interest in using low-level lasers as a conservative alternative to treat pain. 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. There are insufficient data to draw firm conclusions about the effects of LLLT for low-back pain compared to other treatments, different lengths of treatment, different wavelengths and different dosages. The injured worker did show 60-70% pain relief; however the guidelines do not recommend laser therapy treatment. Therefore, the request is non-medically necessary and appropriate.