

Case Number:	CM14-0128534		
Date Assigned:	08/15/2014	Date of Injury:	07/30/1998
Decision Date:	12/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Medicine and is licensed to practice in Ohio. 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 51 year old male with dates of injury of 7-30-1998 and 12-5-2007. He had a left lumbar revision laminotomy and complete facetectomy at L5-S1 and decompression of the S1 nerve root 6-28-2008 but he continues to have low back pain radiating to the left lower extremity. The physical exam reveals tenderness of the lumbar spine and left greater trochanter. There is diminished lumbar range of motion and diminished sensation on the left in the region of the L3 dermatome. He had been going to physical therapy and noted improvement with the Microlight cold laser device. He also takes percocet, celebrex, baclofen, and uses a Duragesic patch. The diagnoses include lumbar post surgical syndrome, chronic pain syndrome, cervicalgia, and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlight cold laser device for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Low level laser therapy (LLLTT)

Decision rationale: Low level laser therapy is not recommended by the Official Disability Guidelines. 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 Watts from 5-500 milliwatts (In contrast, lasers used in surgery typically use 300 Watts). When applied to the skin, these lasers produce no sensation and do not burn the skin. Because of the low absorption by human skin, it is hypothesized that the laser light can penetrate deeply into the tissues where it has a photobiostimulative effect. 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. This meta-analysis concluded that 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. A study from █████ compared the effect of high-intensity laser therapy (HILT), alone or combined with exercise, in the treatment of chronic low back pain, and concluded that HILT combined with exercise appears to be more effective in patients with CLBP than either HILT alone or placebo laser with exercise, but the differences were not significant. Therefore, a Microlight cold laser device for home use is not medically necessary.