

<b>Case Number:</b>	CM14-0164660		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/15/2002
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 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:

Injured worker is a female with date of injury 5/15/2002. Per progress note dated 7/1/2014, the injured worker sustained injury to her neck and back as a result of moving a combative patient. She has had carpal tunnel release, five surgeries for her lumbar spine, and left shoulder replacement and reconstruction. She is not taking medications for pain because she cannot tolerate them. She complains of all over body pain. Her back pain radiates down both legs to her feet and is worsening. She notes weakness in her legs with tingling and numbness. She states her back has been acting up lately. On examination, range of motion of the cervical spine is limited in flexion, extension, lateral rotation and lateral bending with increase in pain in all planes. Motor strength is 5/5 in bilateral upper extremities. Sensation and deep tendon reflexes are normal. Range of motion of the lumbar spine is limited in flexion, extension, lateral rotation and lateral bending with increase in pain in all directions. Motor strength is 5/5 in bilateral lower extremities. Sensation is diminished along bilateral S1 dermatomes to light touch, temperature and pinprick. Sensation is normal along all other dermatomes. There is tenderness to palpation over bilateral medial gastrocs and ankles. Straight leg raise is negative for right lower extremity for radicular signs and symptoms until 60 degrees. Patrick/Gaenslen tests are positive for SI arthropathy. Pace/Freiberg's tests are negative for Piriformis syndrome. Left shoulder has crepitus and limitations in range of motion with adduction. Bilateral feet have tenderness. There is hypersensitivity in webs bilaterally with possible neuroma formation (right worse than left). There is positive Tinel's bilaterally. Sensation is decreased in all toes bilaterally and across S1 distribution of the feet (right worse than left). Diagnoses include 1) neck pain 2) low back pain 3) knee pain 4) shoulder pain 5) hernia abdominal 6) lumbar disc with radiculitis 7) degeneration of lumbar disc.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Laser touch one purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) section Page(s): 57.

**Decision rationale:** Low level laser therapy is not recommended by the MTUS Guidelines. 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. Therefore, the request for Laser touch one purchase is not medically necessary and appropriate.