

Case Number:	CM14-0023089		
Date Assigned:	05/14/2014	Date of Injury:	07/03/2013
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 55 year old with an injury date on 7/3/13. Based on the 1/3/14 progress report provided by [REDACTED] the diagnoses are: 1.Cervical spine sprain/strain with musculoligamentous tenderness. 2.Thoracic spine/left posterior shoulder sprain. 3.Lumbar spine sprain/strain. 4.Lumbar spine, L3-4 mild bilateral facet degenerative changes and ligamentum flavum hypertrophy. Left neural foraminal 3mm broad-based disc protrusion. Slight narrowing of the central canal. Mild left neural foraminal narrowing; L4-5 mild-to- moderate bilateral facet degenerative changes and ligamentum flavum hypertrophy with mild grade 1 anterolisthesis of IA over LS. Mild disc desiccation, Imm broad- based posterior disc bulge. Mild-to-moderate spinal stenosis with no neural foraminal narrowing, per MRI 10/30/13. Bilateral hip greater trochanteritis. 5.Right knee sprain/strain. 6.Right knee arthroscopy, 09/23/11. 7.Left knee sprain/strain, overcompensation. 8.Right ankle sprain/strain, acute, ligament tear per patient history. 9.Right foot plantar fasciitis. 10.Left ankle sprain/strain, chronic, sinus tarsi syndrome. 11.Diverticulitis per history. Exam on 1/3/14 showed "tenderness to palpation in C-spine over left upper trapezius, in L-spine over right posterior superior iliac spine, in right hip over lateral aspect of hip joint, in right knee over right medial joint line, in right ankle/foot over right sinus tarsi and right plantar fascia." [REDACTED] is requesting low level laser treatment right foot quantity 6. The utilization review determination being challenged is dated 1/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/3/13 to 3/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW LEVEL LASER TREATMENT RIGHT FOOT QTY:6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition, 2013, Ankle and foot, Laser therapy (LLLT).

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

Decision rationale: This patient presents with continued pain in C-spine, L-spine, L-spine, bilateral hips, bilateral knees, and bilateral ankles/feet. The treating physician has asked low level laser treatment right foot quantity 6 on 1/3/14 "to decrease pain and inflammation." Concerning Low-Level Laser Therapy, MTUS does not recommend usage given negative outcomes from significant number of randomized clinical trials. The requested low level laser treatment is not approved by MTUS guidelines. Recommendation is for denial. The request is not medically necessary and appropriate.