

Case Number:	CM14-0043842		
Date Assigned:	07/23/2014	Date of Injury:	06/26/2006
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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:

Patient is a 56 year-old male with date of injury 06/26/2006. A primary treating physician's progress report was included with the request for authorization on 02/13/2014. The report listed subjective complaints of pain in the low back. The report also noted objective findings, which included: examination of the lumbar spine, midline tenderness to the lumbar region and sacrum, as well as bilaterally to the posterior superior iliac spine (PSIS) and to the right sciatic notch. Dermatomes were deficit to the right L4 and S1 nerve root distributions. Diagnosis include: 1. Post traumatic inflammatory trigger points right PSIS. 2. Right gluteus medias.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW LEVEL LASER TO TRIGGER POINT INJECTION AREAS AND HEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, LOW LEVEL LASER THERAPY.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Page 57. The Expert Reviewer's decision rationale: The MTUS

states that "low-level laser therapy is not recommended." There is a lack of data regarding Low Level Laser to Trigger point injection (LLLT) and its effectiveness. There is no documentation regarding how LLLT is affected by the four important factors: wavelength, treatment duration of LLLT, dosage and site of application over nerves versus joints. There is also 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. Therefore, the request is considered not medically necessary.

LUMBOSACRAL CORSET WITH METAL STAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, Page 301. The Expert Reviewer's decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request for Lumbosacral corset with metal stays is considered not medically necessary.