

<b>Case Number:</b>	CM14-0052399		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/05/1992
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and 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 55-year-old female who reported an injury on 06/05/1992 of unspecified mechanism of injury. The injured worker had a history of lower back pain. The injured worker had a diagnosis of chronic lower back pain. The prior surgeries included 2 lumbar surgeries. Diagnostics included the MRI. Medications included Norco, Neurontin, and Soma. The physical examination of the lumbar spine dated 06/27/2014 revealed tenderness to palpate at the L4-5 at the midline, and normal gait. Straight leg raise was negative, sensation intact to light touch and pinprick in all dermatomes bilaterally to the lower extremities. Deep tendon reflex to the knee and ankle jerk were 1+ bilaterally. Range of motion revealed difficulty with flexion and extension. The treatment plan included medication and laser IV therapy. The Request for Authorization dated 07/11/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laser IV (4) Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for laser IV (4) therapy is not medically necessary. The California MTUS/ACOEM does not address. The Official Disability Guidelines do not recommend. There has been interest in using low level laser as a conservative alternative to treat pain. Low level lasers, also known as cold laser, and non-thermal lasers refer to the use of red beam or near infrared lasers with a wave length between 600 and 1000 mm, and watts from 5 to 5000 mW. When applied to the skin, the lasers produce no sensation and do not burn the skin because of the low absorption in human skin. It is hypothesized that the laser light can penetrate deeply into the tissues. As such, the request is not medically necessary.