

Case Number:	CM14-0086626		
Date Assigned:	07/23/2014	Date of Injury:	01/15/2002
Decision Date:	09/18/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old female who has submitted a claim for left hip sprain, left shoulder pain, lumbar sprain, and bilateral knee sprain, status post bilateral total knee replacement; associated with an industrial injury date of 01/15/2002. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck, low back, bilateral shoulder, and bilateral hand pain aggravated by a recent fall. The patient reports minimal pain relief from medications, allowing her to do minimal activity around the house and walk a little bit better. Physical examination showed tenderness over the cervical paravertebrals, lumbar paravertebrals, and bilateral knees. Range of motion of the cervical spine, lumbar spine, and right knee was restricted. Straight leg raise test was positive. Patrick maneuver was positive on the right side. Motor and sensory testing was normal. Treatment to date has included medications, physical therapy, and home exercise program. Utilization review, dated 06/02/2014, denied the request for DIOwave class IV laser system therapy because guidelines do not recommend low level laser therapy, and there was no documentation of exceptional factors to warrant non-adherence to guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 DIOwave Class IV Laser System Therapy: Upheld

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

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

Decision rationale: As stated on page 57 of the California MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy (LLLT) is not recommended for treatment of pain. 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. Despite some positive findings, data is lacking on how LLLT effectiveness is affected by four important factors: wavelength, treatment duration of LLLT, dosage and site of application over nerves instead of joints. There is clearly a need to investigate the effects of these factors on LLLT effectiveness for OA in randomized controlled clinical trials. In this case, the patient complains of neck, low back, bilateral shoulder, and bilateral hand pain aggravated by a recent fall. However, guidelines do not recommend LLLT due to lack of evidence regarding its efficacy. In addition, the present request as submitted failed to specify the body part to be treated. Therefore, the request for 8 DIOwave Class IV Laser System Therapy is not medically necessary.