

Case Number:	CM13-0020823		
Date Assigned:	10/11/2013	Date of Injury:	09/22/2010
Decision Date:	01/27/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal 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:

The injured worker (IW) is a 64-year-old woman with a date of injury of September 22, 2010. The mechanism of injury occurred as the IW was lifting a heavy box. She felt pain in the lower back and dropped the box. The IW has been diagnosed with lumbar strain or sprain; lumbar facet syndrome; lumbar discogenic pain; lumbar radiculopathy; piriformis syndrome; hip capsulitis; trochanteric bursitis; and chronic pain. Pursuant to the progress note dated June 5, 2013, the IW complains of 9/0 pain in the back and hip. The pain is described as sharp and radiating. The pain is better with a heating pad and worse with standing, or standing too long. MRI of the left hip reveals normal hip with mild gluteus minimus/medius tendinosis and interstitial tear at the trochanteric attachment. This is unchanged from the prior evaluation. Physical examination reveals antalgic gait more to the right side. Increased pain with both forced internal and external rotation of the hip, as well as resisted on the right. Lower extremities are grossly normal. The provider reports that the IW would be appropriate for intraarticular versus trochanteric injections. The current request is for trial of cold laser to the right trochanteric region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold laser right trochanteric region: 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), Chapter on Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Section, Low Level Laser Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, cold laser right trochanteric region is not medically necessary. Low level laser therapy (LLLT) is not recommended except as a second line option for osteoarthritis. LLLT was introduced as an alternative noninvasive treatment for arthritis about 20 years ago, but its effectiveness is still controversial. The effect is not thermal but rather related to a photochemical reaction in the cells. Despite some positive findings, data is lacking on how LLLT effectiveness is affected by foreign important factors wavelength, treatment duration, 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 osteoarthritis and randomized controlled studies. In this case, the injured workers working diagnoses are lumbar strain or sprain; lumbar facet syndrome; lumbar discogenic pain; lumbosacral radiculopathy; reformist syndrome; hip capsulitis; trochanteric bursitis; and chronic pain. The treating physician indicated the cold laser is off label. Low level laser therapy is not recommended except as a second line option for osteoarthritis. The effect is not thermal but rather related to photochemical reactions in the cells. The documentation does not indicate the injured worker has osteoarthritis. The documentation doesn't reflect the patient was being treated for osteoarthritis. The indications for LLLT therapy is second line option for osteoarthritis and there is a need to investigate the effectiveness of LLL to the osteoarthritis through randomized controlled studies. Consequently, absent the appropriate clinical indication for LLLT, cold laser right tributary region is not medically necessary.