

Case Number:	CM14-0123291		
Date Assigned:	09/16/2014	Date of Injury:	07/05/2001
Decision Date:	07/07/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76 year old, male who sustained a work related injury on 7/5/01. The diagnoses have included chronic pain syndrome and chest wall pain. Treatments have included medications and previous chest wall laser treatments. In the PR-2 dated 7/14/14, the injured worker complains of left chest wall pain. This was the donor site from the muscle-pedicle graft. He describes the pain as aching, stabbing, burning and throbbing. He states it is brought on by activity and comes on suddenly. He rates the pain level a 5-6/10. He states the symptoms are increasing progressively without treatments. On physical examination, he has a defect from the latissimus dorsi donation with moderate tenderness, particularly over posterior lateral aspect. He has had previous laser treatments to chest wall which gave him excellent pain relief. The treatment plan includes a request for a laser treatment to chest wall.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Laser to the left chest wall: 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) (BlueCross BlueShield, 2005) Low level laser therapy (LLLT).

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

Decision rationale: The claimant sustained a work injury in July 2001 and continues to be treated for chest wall pain. He sustained a significant injury due to a motor vehicle accident requiring a pedicle skin graft for treatment of a severe right lower extremity injury. When seen, pain was rated at 5-6/10 and were progressively increasing. There was moderate tenderness over the graft donor site. Low level laser therapy is not recommended. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that 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. The request is therefore not medically necessary.