

Case Number:	CM14-0022786		
Date Assigned:	07/02/2014	Date of Injury:	05/02/2001
Decision Date:	08/18/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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: New York
 Certification(s)/Specialty: Dermatology

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 56 year old male, who sustained an industrial injury on 5/2/01, resulting in a diagnosis of tarsal tunnel syndrome. Treatment to date has included laser treatments, medication, TENS unit and medication. The injured worker complained of left foot and ankle pain as well as lower back pain. He rated the pain at 4-7/10. The pain was described as constant, aching, stabbing and throbbing in his low back accompanied by radiating pain into his buttock and left leg. There was constant aching, stabbing, burning, throbbing with numbness and tingling in his left foot and ankle that caused an abnormal sensation in his second toe. He reported the pain interrupts his sleep pattern nightly. The injured worker is diagnosed with left lumbar radiculitis/neuritis, left ankle and foot regional pain syndrome, post left tarsal release, post excision of the first cuneiform metatarsal joint, residual dysesthesias secondary to nerve injuries from surgeries and tarsal tunnel syndrome. A note dated 1/29/14 states the injured worker was experiencing left foot and ankle pain as well as lower back pain. The note also states the injured worker is experiencing a reduction in his symptoms with laser procedures. A request for Laser treatment for inflammatory skin disease (psoriasis) 250 square cm to 500 square cm x 5 (laser treatments to the left foot) is sought to continue to relieve the injured workers symptoms and avoid surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser Treatment for Inflammatory Skin Disease (Psoriasis) 250sq cm to 500sq cm. x 5:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chaoter, Online Version Laser Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chan A1, Armati P, Moorthy AP. Pulsed Nd: YAG laser induces pulpal analgesia: a randomized clinical trial. J Dent Res. 2012 Jul; 91(7 Suppl): 79S-84S. Elwakil TF1, Elkharbotly A. Role of Nd:YAG laser for prevention of neuroma formation: an in vivo experimental study. Lasers Med Sci. 2008 Apr; 23(2): 163-8. Epub 2007 May 12. http://www.accessdata.fda.gov/cdrh_docs/pdf11/K110370.pdf.

Decision rationale: The request for coverage of Nd-YAG laser therapy for the treatment of psoriasis should not be approved in this patient, as there is no medical documentation of a diagnosis of psoriasis. The medical records indicate that the request for Nd-YAG laser therapy applies to the diagnosis of chronic pain/neuritis related to an industrial injury to the left foot. There is documentation of neuroma formation, in addition to tarsal tunnel syndrome with recurrence s/p release. The medical records indicate that the patient had improvement of 40% for 2-3 weeks following treatment and overall a 20-30% improvement in his symptoms. Thus, he is requesting coverage for an additional 5 sessions of treatment. Nd-YAG laser therapy has been studied in the prevention of neuroma formation in animals (El-Wakil, 2008) and during dental treatment requiring pulpal analgesia in humans (Chan, 2012). Despite the lack of published medical literature in controlled trials using this laser for treatment of chronic nerve pain, the FDA-approved usage for the Nd-YAG laser does include neuroma treatment as an indication (http://www.accessdata.fda.gov/cdrh_docs/pdf11/K110370.pdf). There is no mention of its use in chronic pain/nerve impingement situations. There are no controlled clinical trials published establishing effectiveness for that condition. Review of the medical records, indicate that the patient's pain more likely comes in origin from tarsal tunnel syndrome, rather than his neuroma. In addition for coverage, the approved therapy must result in "functional improvement". "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. There is no objective documentation of improvement in activities of daily living or a reduction in work restrictions following the previous Nd-YAG laser treatments. Given that the patient's pain seems less likely related to his neuroma and more likely related to tarsal tunnel syndrome, the request for Laser Treatment for Inflammatory Skin Disease (Psoriasis) 250sq cm to 500sq cm. x 5 is not medically necessary.