

<b>Case Number:</b>	CM15-0100436		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57-year-old female who sustained a work related injury June 23, 2011. According to the most recent primary treating physician's progress report, dated December 8, 2014, the injured worker presented with painful limitation to cervical range of motion, extension less than 10 degrees, flexion to 25 degrees. She has significant forward carriage of the head, neck and shoulder and increase in thoracic kyphotic angulation in the upper thoracic spine. There is bulking/splinting/spasm of the bilateral levator scapula, rhomboids, trapezius, and paravertebral muscles from T6 of the occiput. There is sharp hypersensitivity in the C3 and C4 dermatomal distributions bilaterally, left more than right, positive doorbell sign. Provocative testing for thoracic outlet syndrome via Adson's test, Wright's test, Roo's test, Adson's test, and East test, all positive, being stopped due to pain within 15 seconds for Adson's and Wright and within 10 seconds for Roo's and East. Assessment is documented as complex regional pain syndrome; gastritis secondary to NSAID's; depression secondary to chronic pain; discogenic cervical radiculopathy; mechanical neck pain syndrome; thoracic outlet pain syndrome; bilateral carpal and cubital tunnel syndrome. At issue, is a request for authorization April 2015, for MLS laser treatment for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MLS laser treatment times 2 for cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web based.

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

**Decision rationale:** MTUS Guidelines specifically addresses this type of laser therapy and the Guidelines specifically state that it is not recommended. There are no unusual circumstances to justify an exception to this recommendation. The MLS laser treatment times 2 for the cervical spine is not supported by Guidelines. It is not medically necessary.