

Case Number:	CM15-0194920		
Date Assigned:	10/08/2015	Date of Injury:	01/06/2005
Decision Date:	11/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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 74 year old male, who sustained an industrial injury on 1-6-05. The injured worker was diagnosed as having discogenic sciatic radiculopathy, mechanical low back pain syndrome and loss of motion segment integrity of the lumbar spine. Subjective findings (5-12-15) indicated 7-9 out of 10 pain in the lower back and 6-8 out of 10 pain in the neck. Objective findings (5-12-15) revealed a positive straight leg raise test on the right, pain to palpation in the right sacroiliac joint and hypoesthesia in the L5 and S1 distributions on the right. As of the PR2 dated 8-21-15, the injured worker reports the MLS laser treatment trial was associated with a dramatic reduction in low back and right sciatic distribution pain. The injured worker has stopped using Vicodin and Neurontin. The injured worker still reports 8 out of 10 headaches. Objective findings include a positive straight leg raise test on the right, reduced pain to palpation in the right sacroiliac joint and hypoesthesia in the L5 and S1 distributions on the right. Treatment to date has included chiropractic treatments, Neurontin and Vicodin. The Utilization Review dated 9-2-15, non-certified the request for 6 sessions of MLS laser.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of MLS laser: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 (LLLTT).

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and is being treated for low back pain with right lower extremity sciatic symptoms. He was seen in August 2015. There had been a dramatic decrease in low back and right-sided sciatic pain with laser treatments. In combination with a home exercise program he had been able to discontinue use of Vicodin and Neurontin but was having increased headaches. Physical examination findings included improved lumbar spine spasms and decreased splinting. There was pain with posterior to anterior pressure at L5. There was a positive right Trendelenburg sign. There was decreased and painful lumbar spine range of motion with positive right straight leg raising. There was decreased right lower extremity sensation and an absent right ankle reflex. Authorization was requested for six additional MLS (Multi-wave Locked System) laser treatments. The requested MLS device is a Class IV laser. It is marketed as providing high levels of efficacy, safety, and consistency, and as helping physicians to relieve pain and restore lives, while rewarding their practices financially. Guidelines recommend against low level laser therapy. Based on the equivocal or negative outcomes from a significant number of randomized clinical trials, the treatment of pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. These treatments are not medically necessary.