

<b>Case Number:</b>	CM15-0213033		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Family Practice

### 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 male, who sustained an industrial injury on February 5, 2013. He reported headache, neck pain, back pain and shoulder pain. The injured worker was diagnosed as having scapular strain, bilateral shoulder strain, intercostal strain and cephalgia. Treatment to date has included diagnostic studies, surgery, home exercises, physical therapy, acupuncture and medication. He was noted to continue to show improvement with acupuncture treatment. On September 16, 2015, the injured worker presented for a follow-up visit. The handwritten subjective complaints were illegible. Symptoms were noted to be in his cervical spine, lumbar spine and bilateral shoulders. Cervical spine range of motion and strength were decreased. The treatment plan included medication, follow-up visits, continuation of acupuncture, massage unit for home use and a urine analysis for drug compliance. On September 29, 2015, utilization review denied a request for purchase of massage unit (infrared body massager) for neck, back and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Massage unit (infrared body massager) for neck, back, bilateral shoulder:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT), Massage therapy.

**Decision rationale:** According to the MTUS guidelines, Low-Level Laser Therapy (LLLT) is not recommended. Per the MTUS guidelines, there has been interest in using low-level lasers as a conservative alternative to treat pain. Low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milliwatts. Per the MTUS guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The request for purchase of an infrared massager is not supported per the MTUS guidelines, the request for Purchase of Massage unit (infrared body massager) for neck, back, bilateral shoulder is not medically necessary and appropriate.