

Case Number:	CM15-0049317		
Date Assigned:	03/23/2015	Date of Injury:	01/13/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 January 13, 2012. He reported lower neck and shoulder pain that radiated to the left upper extremity. The injured worker was diagnosed as having left cervical 6 cervical radiculopathy, probable right brachial plexopathy, and thoracic outlet syndrome. Treatment to date has included electrodiagnostic studies, MRI, a topical non-steroidal anti-inflammatory medication, physical therapy, chiropractic therapy, cervical traction, spinal decompression, and home traction. On August 14, 2014, the injured worker complains of neck pain, numbness, and tingling of the upper extremities. The pain is described as throbbing, aching, sharp, and dull with tingling sensation and numbness of the bilateral upper extremities and fingers. The physical exam revealed decreased sensation to pinprick of the left cervical 6 dermatome and decreased sensation to pinprick of the bilateral cervical 4, right greater than left. The treatment plan includes electrodiagnostic studies to rule out right brachial plexopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 MLS laser sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cutaneous laser treatment, chronic pain.

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

Decision rationale: The patient presents with pain affecting the cervical spine and neck. The current request is for 9 MLS laser sessions. The reviewing physician documents that the patient is being treated for discogenic cervical radiculopathy, mechanical neck pain syndrome, and loss of motion in the cervical spine and that after the patient's patient first MLS laser treatment trial, the patient experienced a pain-free neck. The report with this request was covered up in the records provided for review (11B). The MTUS guidelines state, "Not recommended. 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." In this case, the treating physician has requested a treatment, which is not recommended by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.