

Case Number:	CM14-0114611		
Date Assigned:	08/04/2014	Date of Injury:	12/28/2013
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27-year-old male with a reported date of injury on 12/28/2013. The injury reportedly occurred when the injured worker lifted a 180 to 200 lb dog from the ground to the bathtub and developed a sharp pain in his low back. His diagnoses were noted to include chronic lumbar spine sprain secondary to injury and chronic cervical spine and shoulder strain secondary to injury. His previous treatments were noted to include chiropractic treatment. The progress note dated 06/09/2014 revealed complaints of neck pain that radiated into the bilateral arms with numbness and tingling. The injured worker complained of constant pain into the bilateral shoulders and low back with radiation into both legs at night causing numbness and tingling. The physical examination of the cervical spine revealed bilateral paravertebral tenderness with slight guarding as well as bilateral scapular and trapezius tenderness. There was decreased range of motion with rotation. The physical examination of the right/left shoulder revealed bilateral trapezius, scapular, and anterior shoulder tenderness. The physical examination of the lumbar spine revealed bilateral paravertebral tenderness with guarding noted and decreased range of motion with forward flexion. The Request for Authorization form was not submitted within the medical records. The request was for laser therapy 2 times per week for 3 weeks (2 x 3) for the lumbar spine, cervical spine and shoulders. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

laser therapy two times per week for three weeks (2 x 3), lumbar spine, cervical spine and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-level laser therapy (LLLT).

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

Decision rationale: The request for laser therapy two times per week for three weeks (2 x 3), lumbar spine, cervical spine and shoulders is not medically necessary. The injured worker has previously received chiropractic treatment. The California Chronic Pain Medical Treatment Guidelines do not recommend low level laser therapy. 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, referred to the use of red beam or near infrared lasers with wavelength between 600 and 100 nm and wattage from 5 to 500 milliwatts. When applied to the skin these lasers produce no sensation, do not burn the skin. Because of the low absorption by human skin, it is hypothesized that the laser light can penetrate deeply into the tissues where it has a photobiostimulative effect. The guidelines do not recommend low level laser therapy as a conservative alternative to treat pain. Therefore, the request is not medically necessary.