

Case Number:	CM14-0067931		
Date Assigned:	03/09/2015	Date of Injury:	02/24/2014
Decision Date:	06/29/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old male, who sustained an industrial injury on 02/24/2014. He reported pain in his head and neck after accidentally striking his head with a 2x4. The injured worker also had previous pain in his left hip and low back from performing repetitive lifting, bending, and stooping that was never reported. The injured worker is currently retired. The injured worker is currently diagnosed as having lumbar post laminectomy, lumbar radiculitis, and sacroiliac sprain/strain. Treatment and diagnostics to date has included cervical spine MRI that showed protruded and bulging disks and stenosis, physical therapy, home exercise program, and medications. In a progress note dated 03/19/2015, the injured worker presented with complaints of low back pain with radiating pain down bilateral legs. Objective findings include a stooped gait, loss of normal lordosis with straightening of lumbar spine, restricted range of motion, and lumbar tenderness. The treating physician reported requesting authorization for laser therapy to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser Therapy for the Neck (6-sessions, 2 times a week for 3 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laser treatment (LLLT). <http://www.odg-twc.com/index.html>.

Decision rationale: According to the Official Disability Guidelines, laser therapy is recommended as an option for lateral epicondylitis using a narrowly defined LLLT regimen where lasers of 904 nm wavelength with low output (5-50 mW) are used to irradiate the tendon insertion at the lateral elbow using 2-6 points or an area of 5 cm² and doses of 0.25-1.2 Joules per point/area. Not recommended using wavelengths of 820, 830 or 1064 nm, or higher doses or higher power, or using irradiation of trigger points or irradiation of acupuncture points. The available material suggests that LLLT is safe and effective, and that LLLT acts in a dose-dependent manner by biological mechanisms that modulate both tendon inflammation and tendon repair processes. With the recent discovery that long-term prognosis is significantly worse for corticosteroid injections than placebo in lateral epicondylitis, LLLT irradiation with 904 nm wavelength aimed at the tendon insertion at the lateral elbow is emerging as a safe and effective alternative to corticosteroid injections and NSAIDs. LLLT also seems to work well when added to exercise and stretching regimens. There is a need for future trials to compare adjunctive pain treatments such as LLLT with commonly used pharmacological agents. A recent meta-analysis concluded that low level level laser therapy (LLLT) administered with optimal doses of 904 nm and possibly 632 nm wavelengths directly to the lateral elbow tendon insertions, seem to offer short-term pain relief and less disability in lateral elbow tendinopathy (LET), both alone and in conjunction with an exercise regimen. This finding contradicts the conclusions of previous reviews that failed to assess treatment procedures, wavelengths and optimal doses. Before this study, there was good evidence showing laser therapy and pulsed electromagnetic field therapy to be ineffective in the management of lateral epicondylitis. Only limited evidence was shown for treatment of lateral elbow tendinopathy. Some limited results suggested that polarized, polychromatic, non-coherent, low energy light (Bioptron) could reduce patients' symptoms with acute tennis elbow; future controlled studies are needed to establish its relative effectiveness. There is no clear evidence of epicondylitis in this case. Laser therapy is not recommended for neck pain. Therefore, the request is not medically necessary.