

Case Number:	CM15-0129687		
Date Assigned:	07/16/2015	Date of Injury:	09/25/2002
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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 64 year-old female who sustained an industrial injury on 09/25/02. Initial complaints and diagnoses are not available. Current diagnoses include cervical herniated disc, discogenic cervical radiculopathy, mechanical neck pain syndrome, thoracic outlet syndrome, and loss of motion segment integrity/laxity of ligament, cervical spine. Diagnostic testing and treatments to date have included x-ray, MRI, EMG/NCS, TENS unit, pain medication management, physical therapy, and thermotherapy. Currently, the injured worker complains of significant, disabling neck pain with weakness to the shoulders and arms; she is unable to repetitively use her arms and hands. She has difficulty with activities of daily living and her capacity for handwriting, preparing food, and driving is minimal. Cervical, thoracic, and upper extremity examination is abnormal. She has failed physical therapy, activity modification, additional rest, medications, and office-based treatments. She is wheelchair bound. Current plan of care and recommendation is for a diagnostic trial of laser therapy to assess her response to the procedure. Requested treatments include MLS laser therapy. The injured worker's status is permanent and stationary. Date of Utilization Review: 06/03/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MLS laser: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Low-level laser therapy (LLLT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low level laser.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG does not recommend low-level laser therapy. There is equivocal to negative outcomes in most clinical trials and therefore the use of this request is not recommended in the treatment of pain. Therefore, the request is not medically necessary.