

Case Number:	CM15-0129901		
Date Assigned:	07/16/2015	Date of Injury:	05/01/2012
Decision Date:	08/12/2015	UR Denial Date:	06/30/2015
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: 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 43 year old female who sustained a cumulative industrial injury on 05/01/2012. The injured worker was diagnosed with chronic cervical strain. No surgical interventions were documented. Treatment to date has included diagnostic testing with most recent Electromyography (EMG)/Nerve Conduction Velocity (NCV) in September 2014, cervical epidural steroid injection, chiropractic therapy (15 sessions), physical therapy (8 sessions), acupuncture therapy (8 sessions), high power laser treatments (no dates documented) and medications. According to the primary treating physician's progress report on June 22, 2015, the injured worker continues to experience neck pain with radiation into both hands without numbness and tingling. Examination demonstrated right paravertebral muscle tenderness with normal forward flexion and bilateral lateral rotation. Extension was documented at 48 degrees, left lateral flexion 32 degrees and right lateral flexion at 30 degrees. Shoulders, elbows, forearms and wrists had full range of motion. Motor strength, sensory and deep tendon reflexes of the bilateral upper extremities were intact. Tinel's, Phalen's, Spurling's, Adson's and Wright signs were negative bilaterally. The injured worker is Permanent & Stationary (P&S) and working full time without restrictions. Current medications were not documented. Treatment plan consists of cervical pillow, Interferential Stimulator (IF) unit for home use, acupuncture therapy and the current request for laser therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser Therapy: 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 Low level laser therapy (LLLT). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG Laser therapy "Not recommended except as a second-line option for osteoarthritis of the knee. Low Level Laser Therapy (LLLT) was introduced as an alternative non-invasive treatment for Osteoarthritis (OA) about 20 years ago, but its effectiveness is still controversial. LLLT is a light source that generates extremely pure light, of a single wavelength. The effect is not thermal, but rather related to photochemical reactions in the cells. For OA, the results are conflicting in different studies and may depend on the method of application and other features of the LLLT application. Despite some positive findings, data is lacking on how LLLT effectiveness is affected by four important factors: wavelength, treatment duration of LLLT, dosage and site of application over nerves instead of joints. There is clearly a need to investigate the effects of these factors on LLLT effectiveness for OA in randomized controlled clinical trials. (Brosseau-Cochrane, 2004) On the other hand, low-level laser therapy offers clinically relevant short-term pain relief for osteoarthritis of the knee, according to a report in the June 22nd issue of BMC Musculoskeletal Disorders. (Bjordal, 2007) In patients with osteoarthritis and rheumatoid arthritis, low-level laser therapy has been demonstrated to offer limited benefit. This modality has been associated with symptomatic benefit in the treatment of several inflammatory conditions, without known adverse effects. Better standardization should help define the role of this modality. (Rand, 2007) See also the Pain Chapter." There is no documentation of pain and functional improvement with previous Laser therapy sessions. Therefore, the request for Laser Therapy is not medically necessary. .