

<b>Case Number:</b>	CM15-0145917		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

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 60 year old female who sustained an industrial injury on 10-3-12 from cumulative trauma beginning with her left wrist and shoulder for which she had x-rays and MRI of the left shoulder showing a tear and a had a diagnosis with "ulnar nerve" problems with respect to the left wrist. She received physical therapy for the wrist and shoulder. She then experienced low back pain and left hip pain. She had an MRI revealing a labral tear and was given cortisone injections. She currently complains of persistent, severe low back pain radiating to the lower extremities. On physical exam of the left shoulder there was pain with palpation, positive Hawkin's test and impingement sign, decreased range of motion; lumbar spine exam revealed slight tenderness on palpation. In addition, she has a hearing loss and was evaluated by otorhinolaryngology on 6-16-15. On 6-24-15, she had a body and skin check for scaly, crusty papules on the head, checks, forearms and hands. Diagnoses included lumbar spine myoligamentous sprain, strain; lumbar disc herniation L3-4; left shoulder superior labral tear; left shoulder partial biceps tendon tear; left shoulder impingement syndrome; left wrist sprain; actinic keratosis. Diagnostics include electromyography, nerve conduction study (1-30-15) normal results; x-rays of the left shoulder, left wrist and lumbar spine (2-2-15) reveal no abnormalities; MRI of the right hip (9-9-14) showed small effusion; MRI of the lumbar spine (1-6-13) showing foraminal disc extrusion; MRI arthrogram of the right shoulder (2-2-10) showing a superior labral tear, tendinosis of the rotator cuff. On 6-30-15, the treating provider requested intense pulsed light times 6 for the lumbar spine for diagnosis of skin atrophy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**IPL (Intense pulsed light) X 6, lumbar spine:** 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), head chapter, pulsed dye laser therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[www.ncbi.nlm.nih.gov/pmc/articles/PMC3390232/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3390232/)[www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TipsandArticlesonDeviceSafety/ucm294084.htm](http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TipsandArticlesonDeviceSafety/ucm294084.htm).

**Decision rationale:** Based on the 6/21/15 progress report provided by the treating physician, this patient presents with severe low back pain with radiation to the bilateral lower extremities. The treater has asked for IPL (INTENSE PULSED LIGHT) X 6, LUMBAR SPINE but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 6/30/15 are AK has and skin atrophy. The patient has some left shoulder/wrist pain as well per 5/11/15 report. The patient is s/p meniscectomies to bilateral knees of unspecified date per 6/16/15 report. MRI of the lumbar on 1/16/13 showed a disc extrusion at L3-4 with annular tear, which measures 9.5mm and results in contact and irritation of exiting right L3 nerve root with moderate right-sided neural foraminal stenosis. The patient has been authorized for spine surgical consultation, as well as physical therapy but has not begun as of 5/11/15 report. The patient's work status is currently permanent and stationary as of 5/11/15 report. MTUS, ACOEM and ODG are silent regarding the request. Alternate guidelines were referenced. [www.ncbi.nlm.nih.gov/pmc/articles/PMC3390232/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3390232/). Intense pulsed technology is a highly versatile, safe, and effective modality for the treatment of vascular and pigmented lesions, hypertrichosis, and epidermal and dermal atrophy associated with photo aging, as well as acne, rosacea, actinic keratoses, and nonmelanoma skin cancers. As our understanding of the biological efficacy of various wavelength distributions evolves so, too will the range of IPL technology, particularly with regard to different wavelength filters, pulse durations, pulse frequencies, and cooling modalities to protect from side effects. The result will be a widening domain of IPL's clinical applications and indications. It will be incumbent on clinicians who use these devices with regularity for such new and emerging indications to report their clinical experiences in order to sustain our continued understanding of the technology's long-term safety and efficacy profile.

[www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TipsandArticlesonDeviceSafety/ucm294084.htm](http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TipsandArticlesonDeviceSafety/ucm294084.htm) "INTENSE PULSED LIGHT (IPL) therapy is indicated for use in surgical, aesthetic, and cosmetic applications. 1 IPLs use flash lamps, computer-controlled power supplies, and bandpass filters to generate light pulses of prescribed duration, intensity, and spectral distribution. The light energy is converted to heat energy to treat skin conditions such as age spots, sun-damaged skin, cutaneous lesions (such as warts, scars, and striae), benign pigmented epidermal lesions (such as freckles and melasma), and vascular lesions (such as spider veins). 2-4 It's also commonly used to reduce undesired hair growth." "The FDA received several reports of patients sustaining second-degree burns after IPL therapy. The manufacturer's investigation of

those reports determined the probable root cause for the adverse events to be improper device calibration or failure of the user facilities to clean the device as directed in the device labeling." Progress report with the request was not provided. Treater has not provided medical rationale for the request. MTUS, ACOEM and ODG do not address the request. However, ncbi.com states Intense pulsed technology is indicated for "vascular and pigmented lesions, hypertrichosis, and epidermal and dermal atrophy associated with photo aging, as well as acne, rosacea, actinic keratoses, and nonmelanoma skin cancers." This patient does not present with any of these indications. Furthermore, per ncib.com, this treatment "technology's long-term safety and efficacy profile" is "incumbent on clinicians who use these devices." Moreover, "The FDA received several reports of patients sustaining second-degree burns after IPL therapy," and there is no current guideline support. Therefore, this request IS NOT medically necessary.