

Case Number:	CM15-0067498		
Date Assigned:	04/15/2015	Date of Injury:	03/30/2012
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 68-year-old who has filed a claim for chronic neck, upper back, and low back pain reportedly associated with an industrial injury of March 30, 2012. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for laser therapy. The claims administrator referenced a progress note of February 12, 2015 and an RFA form of February 11, 2015 in its determination. The applicant's attorney subsequently appealed. On September 21, 2014, the applicant reported ongoing complaints of neck, low back, and shoulder pain. The applicant was given various diagnoses, including thoracic outlet syndrome. Chiropractic manipulative therapy was performed. In a February 11, 2015 progress note, the applicant reported ongoing complaints of neck, low back, and shoulder pain. Chiropractic manipulative therapy and laser therapy were seemingly endorsed. 7-9/10 pain complaints were reported. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a medical-legal evaluation of February 24, 2015, the medical-legal evaluator acknowledged that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-wave locked system (MLS) laser therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT); Physical Medicine Page(s): 57; 98.

Decision rationale: No, the request for laser therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, laser therapy, the modality at issue, is deemed not recommended in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of a claim. Here, thus, the request for two separate passive modalities, namely laser therapy and continued chiropractic manipulative therapy, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.