

Case Number:	CM14-0031956		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2012
Decision Date:	07/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury on June 28, 2012. The mechanism of injury was not provided within the medical records. The clinical note dated February 18, 2014 was largely illegible. The diagnoses indicated cervical spine sprain, thoracic sprain, right shoulder sprain, and right wrist sprain. The injured worker reported ongoing low back pain with stiffness when sitting and standing. On physical examination, there was tenderness and decreased range of motion. The injured worker had a positive straight leg raise. The injured worker's muscle strength was 4/5. Pain level was 6/10. The injured worker described her pain as frequent and sharp. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Robaxin. The provider submitted a request for acupuncture and Kinesio tape. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of acupuncture to include infrared lamp on the lumbar and thoracic spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Medical Treatment Guidelines state "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines also indicate the time to produce functional improvement is three to six treatments. Acupuncture treatments may be extended if functional improvement is documented. It was indicated that the injured worker previously attended acupuncture. Acupuncture treatments may be extended if functional improvement is documented; however, there was a lack of documentation of efficacy and functional improvement. In addition, the request did not clearly specify a body part. The request for six sessions of acupuncture to include infrared lamp on the lumbar and thoracic spine is not medically necessary or appropriate.

Kinesio Tape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Kinesio Tape.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Kinesio tape.

Decision rationale: The Official Disability Guidelines (ODG) state Kinesio tape is under study. The guidelines state patients with acute whiplash -associated disorders (WAD) receiving an application of kinesio taping, applied with proper tension, exhibited statistically significant improvements immediately following application and at a 24-hour follow-up. However, the improvements in pain and cervical range of motion were small and may not be clinically meaningful. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for whiplash. In addition, the provider did not indicate a rationale for the request. Furthermore, the request does not clearly specify a body part. Additionally, Kinesio taping is still under study. The request for Kinesio tape is not medically necessary or appropriate.