

<b>Case Number:</b>	CM14-0035929		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 30 year-old with a date of injury of 07/19/13. A handwritten progress report associated with the request for services, dated 03/11/14, was difficult to read but identified subjective complaints of low back pain. Objective findings were illegible. Diagnoses included thoracic / lumbar strain. Treatment was not addressed. A Utilization Review determination was rendered on 03/17/14 recommending non-certification of Infra Lamp and Medical supply/kinesio tape.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infra Lamp:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared Therapy (IR).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that at-home application of local heat is optional. The Official Disability Guidelines (ODG) states that heat therapy is recommended as an option, particularly low-level heat wrap therapy. Infrared (IR)

therapy is not recommended over other heat therapies. It may be used in acute low back pain, but only as an adjunct to a program of evidenced-based conservative care (exercise). However, it does further note that IR therapy in patients with chronic low back pain experienced a 50% reduction over 7 weeks. In this case, there is no documentation of any trial of heat therapy. Since IR therapy is not recommended over other heat therapies, there is no medical necessity for this modality without documentation of effectiveness of heat therapy in this patient.

**Medical supply/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-Treatment for Workman's compensation, Neck & Upper Back Procedure summary last updated 12/16/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Kinesio Tape (KT).

**Decision rationale:** The Medical treatment Utilization Schedule (MTUS) states that prolonged use of a sling is not recommended. It was unclear what the intended use of the tape would be. The Official Disability Guidelines (ODG) state that kinesio tape is not recommended as it is not supported by the evidence. Therefore, the record does not document the medical necessity for kinesio tape.