

<b>Case Number:</b>	CM14-0035934		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/25/1997
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/19/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 66 year old female with a reported injury on 09/26/1997. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/11/2014 reported that the injured worker complained of neck pain radiating with numbness and tingling into bilateral upper extremities. Upon physical examination of the injured worker's cervical spine, range of motion demonstrated flexion to 35 degrees and extension to 30 degrees. It was reported that sensation was decreased along the right C7 dermatome and along the left C5, C6, C7 and C8 dermatomes. The injured worker's diagnoses included status post anterior cervical discectomy and fusion; cervical disc disease; cervical radiculopathy; and status post left shoulder arthroscopy times 2. The provider requested Kinesio Tape and Infra Lamp, the rationales were not provided within the clinical notes. The Request for Authorization was submitted on 03/24/2014. The injured worker's prior treatments included transfacet epidural steroid injections on 10/25/2013 with 50% to 60% improvement from injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Montalvo, A. M., Cara, E. L., & Myer, G. D. (2014). Effect of kinesiology taping on pain in individuals with musculoskeletal injuries: Systematic review and meta-analysis. *The Physician and sportsmedicine*, 42(2), 48-57.

**Decision rationale:** The treating physician's rationale for the Kinesio Tape was not provided within the clinical notes. Kinesiology tape, an elastic tape used by sports medicine clinicians to enhance sports performance in athletes, is purported to facilitate a reduction in pain during physical activity in individuals with orthopedic injuries, but high-quality literature on this topic remains scarce. There is a lack of clinical information indicating the specific location of application of the Kinesio Tape. Within the medical records provided for review, there is a lack of clinical documentation indicating the injured worker has significant functional deficits. There is a lack of clinical information indicating that the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or NSAIDS. Moreover, it cannot be determined if Kinesio Tape is an ongoing prescription or the initiation of therapy. In addition to location, the requesting provider did not specify the utilization frequency of the Kinesio Tape being requested. As such, the request is not medically necessary and appropriate.

**Infra Lamp:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Infrared therapy (IR).

**Decision rationale:** The Official Disability Guidelines do not recommend Infrared therapy (IR) over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain (LBP), but only if used as an adjunct to a program of evidence-based conservative care (exercise). There is a lack of clinical information provided documenting the efficacy of the Infra Lamp as evidenced by decreased pain and significant objective functional improvements. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition and any significant functional deficits were not provided. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or NSAIDS. Moreover, it cannot be determined if the Infra Lamp is an ongoing prescription or the initiation of therapy. In addition, the requesting provider did not specify the utilization frequency nor the location of application of the Infra Lamp being requested. Moreover, the Official Disability Guidelines do not recommend infrared therapy over other heat therapies. As such, the request is not medically necessary and appropriate.