

Case Number:	CM14-0049512		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2013
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated March 31, 2014, the claims administrator approved a request for six sessions of acupuncture, denied a request for an infra lamp, denied a request for Kinesio taping. The applicant's attorney subsequently appealed. In a work status report dated April 16, 2014, the applicant was placed off of work, on total temporary disability, through May 29, 2014. In an earlier work status report of March 6, 2014, the applicant was again placed off of work, on total temporary disability, through April 17, 2014. In a handwritten note dated March 3, 2014, difficult to follow, not entirely legible, the applicant presents with multifocal neck, mid back, and low back pain. Diminished grip strength was noted. The applicant was placed off of work. The note was extremely difficult to follow. It appears that acupuncture and Kinesio taping were sought, although this was somewhat difficult to ascertain. In an earlier note dated February 25, 2014, the applicant was given a rather proscriptive 15-pound lifting limitation and asked to continue Motrin and Soma for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infra lamp (through [REDACTED]), QTY: 1: 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), Neck and Upper Back (Acute and Chronic), Heat Therapy and Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic) Infrared Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy topic Page(s): 57.

Decision rationale: Infrared therapy, a form of low level laser therapy, is deemed "not recommended" in the chronic pain context present here, per page 57 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, moreover, the attending provider's documentation was sparse, handwritten, difficult to follow, not entirely legible, and did not make a compelling case for provision of this particular modality in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Kinesio tape (through [REDACTED]): 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), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are recommended in the chronic pain phase of an injury, while page 98 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that passive modalities such as the Kinesio taping in question are indicated only to provide short-term relief during the early phase of the pain treatment. In this case, no compelling applicant-specific rationale, narrative commentary, or medical evidence was attached to the request for authorization or application for independent medical review so as to offset the unfavorable MTUS position on the same. The documentation, as previously noted, was sparse, handwritten, difficult to follow, not entirely legible, and did not make a compelling case for selection of this particular modality. Therefore, the request was not medically necessary.