

<b>Case Number:</b>	CM14-0167868		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 licensed in Acupuncture 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 patient is a 43-year-old male with a date of injury of 10/28/2013. According the progress report dated 9/12/2014, the patient complained of lower back pain with numbness in the right leg. In addition, the patient has ongoing right hip pain. Significant objective findings include paraspinal tenderness, positive straight leg raise, and decrease range of motion in the lumbar spine. In regards to the right hip, there was tenderness at the greater trochanter and anterior hip. Fabere's test was positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with Infra Lamp and Medical Supply Kinesio Tape (6-treatments to the L/Spine and (R) hip): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 acupuncture sessions with a frequency of 1-3 visits over 1-2 months to produce functional improvement. The patient is a candidate for a trial of acupuncture session. There was no evidence of acupuncture in the past. However, the provider

requested Kinesio tape along with acupuncture. Kinesio tape is not medically necessary and is not supported by the guidelines. In addition, Kinesio taping is not part of the acupuncture standard of care. Therefore, the provider's overall request is not medically necessary at this time.