

Case Number:	CM14-0196078		
Date Assigned:	12/04/2014	Date of Injury:	02/17/2014
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 patient has a reported date of injury on 2/17/2014. The mechanism of injury is related to moving a patient. The patient has a diagnosis of low back pain and lumbar spondylosis. Medical reports reviewed. The last report was available until 10/6/14. The patient complains of low back pain and is using a home interferential. Chiropractic care has worsened the pain. An objective exam reveals that the patient is in pain, has slow gait, has diffused lumbar spine pain, and pain range of motion. Kinesiology tape was requested because "it was effective in the past". An MRI of the lumbar spine (7/12/14) revealed mild bulging disc with loss of disc height at T11-12 and L2-3 with disc desiccation, mild L2-3 neural foraminal narrowing and mild bilateral degenerative facet changes at L2-3 and L5-S1. Medications include Naproxen and Tizanidine. An Independent Medical Review is for Kinesiology taping. Prior UR on 10/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinesio Taping: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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(KT) Other Medical Treatment Guideline or Medical Evidence: Montalvo AM, Cara EL and Myer GD; "Effects of Kinesiology taping on pain in individuals with musculoskeletal injuries: systematic review and meta-analysis" Phys Sports med. 2014 May;42(2):48-57

Decision rationale: Kinesio taping is a method of taping believed to reduce pain. The MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. The Official Disability Guidelines has sections related to taping of limbs and neck. As per the ODG, it is understudy for neck pain with limited to poor evidence to show any clinical improvement. Review of literature shows limited studies or evidence to support efficacy and any benefit found is minimal. Kinesio taping is not medically necessary.