

Case Number:	CM14-0043973		
Date Assigned:	07/02/2014	Date of Injury:	06/29/2011
Decision Date:	08/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Practice 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:

65 yr. old female claimant sustained a work related injury on 6/29/11 involving the neck, low back, right shoulder and jaw. She has a diagnosis of lumbar disk disease with radiculopathy. She had undergone epidural steroid injections for pain control. A progress note on 2/18/14 indicated she had 6.5/10 low back pain. The transforaminal injections had provided pain relief. Physical exam findings were notable for positive sacroiliac tenderness, Yeoman's test and Fabre's test. There was increased pain with lumbar range of motion. At the time physical therapy, acupuncture and lumbar traction were recommended. In March 2014, an acupuncture therapist requested infrared therapy to warm tissues to make the acupuncture treatments more effective. In addition, kinesio taping was recommended after the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infralamp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain.

Decision rationale: The Acupuncture, ODG and ACOEM guidelines do not mention the use of Infralamp use prior to Acupuncture. There are no evidence based guidelines to support the use of the lamp prior to acupuncture. As a result, the request above is not medically necessary.

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 (ODG), Shoulder Chapter - Kinesio tape (KT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Knee Guidelines.

Decision rationale: The Acupuncture and ACOEM guidelines do not comment on the use of kinesio tape prior to acupuncture. There are no evidence based guidelines to support the use of the kinesio tape after acupuncture. The ODG guidelines state there is insufficient evidence to support the use of kinesio tape. As a result, the request above is not medically necessary.