

Case Number:	CM14-0088779		
Date Assigned:	07/23/2014	Date of Injury:	12/10/2013
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 61 year old female whose date of injury is 12/10/13. On this date she was cutting a client's hair when a car came through the building and pushed the desk against her. She fell backwards striking the back of her head on a chair. Diagnoses are cervical spine sprain/strain, bilateral shoulder sprain/strain with tendinitis, lumbar spine sprain/strain, 3 mm disc protrusion with stenosis at C3-4, facet osteoarthritis L3-5, right wrist sprain, and right ankle/foot contusion. The injured worker was authorized for an initial course of acupuncture in April. Note dated 06/12/14 indicates that the injured worker continues to complain of low back pain. Straight leg raising is positive on the left greater than right. Acupuncture note dated 06/26/14 indicates that there is no change in pain level or tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions to lumbar spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has undergone prior acupuncture visits without significant objective improvement documented. Acupuncture note dated 06/26/14 indicates that

there is no change in pain level or tightness. MTUS Acupuncture Guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. As such, the request is not medically necessary.

Infra lamp: 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), Low Back-Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Infrared therapy (IR).

Decision rationale: The Official Disability Guidelines note that infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of infrared therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care (exercise). This injured worker sustained injuries in December 2013 and pain is therefore not acute. As such, the request 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Kinesio tape (KT).

Decision rationale: The Official Disability Guidelines note that kinesio tape is not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. Tape is commonly used as an adjunct for treatment and prevention of musculoskeletal injuries. A majority of tape applications that are reported in the literature involve nonstretch tape. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. As such, the request is not medically necessary.