

<b>Case Number:</b>	CM15-0070854		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35-year-old female who sustained an industrial injury on 07/02/2007. Current diagnoses include lumbago, backache, and depression. Previous treatments included medication management, lumbar fusion, and physical therapy. Report dated 02/05/2015 noted that the injured worker presented with complaints that included neck pain following a motor vehicle accident and lower back pain. Pain level was 5-9 out of 10 on a visual analog scale (VAS). Physical examination was positive antalgic gait, decreased range of motion, weakness, bilateral lower extremity pain; straight leg raise causes low back pain, and right hip lower than left. The treatment plan included follow up for injection, start naprosyn, trial Lyrica, follow up with PMD for recent MVA, trial of kinesio tape, education on opioid induced hyperalgesia, will recommend if injection is helpful to return to PT, given corner stretch for posture and neck pain, and return in 2 weeks. Disputed treatments include purchase of a supply of kinesio tape (Rock Tape) for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a supply of Kinesio tape (Rock Tape) for the lumbar spine:** Overturned

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

Treatment Index, 13th Edition (web), 2015, Pain, Anxiety medications in chronic pain; Shoulder, Kinesio tape (KT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99. Decision based on Non-MTUS Citation J Physiother. 2012;58(2):89-95. doi: 10.1016/S1836-9553(12)70088-7. Kinesio Taping reduces disability and pain slightly in chronic non-specific low back pain: a randomized trial.

**Decision rationale:** MTUS and ODG Guidelines do not directly address the use of Kinesio tape for chronic low back pain. However, the MTUS Guidelines support an approach to patient participation in self-care. This simple method can improve posture and remind an individual to maintain lordosis while bending, lifting and sitting. In addition, this is some published evidence of benefits. If it is not beneficial, it does not need to be utilized long term. A trial with purchase of a supply of Kinesio tape (Rock Tape) for the lumbar spine is consistent with Guidelines and is medically necessary.