

Case Number:	CM14-0128759		
Date Assigned:	08/18/2014	Date of Injury:	05/05/2014
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 39-year-old female who was reportedly injured on 5/5/2014. The mechanism of injury is not listed. The most recent progress note dated 7/17/2014. Indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation lumbar spine paraspinal muscles left more so than right. Decreased range of motion with forward flexion just above the ankles, extension. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request was made for omeprazole 20 mg #60, TheraCane and was not certified in the pre-authorization process on 7/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thera Cane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Integrated Treatment/Disability Duration Guidelines - Neck and Upper Back (Acute & Chronic) (updated 04/14/14).

Decision rationale: A TheraCane is a trigger point massager for use at home. This device does not require a prescription and is available for purchase over-the-counter. This reviewer can find no evidence-based studies that demonstrate the efficacy of the requested device. Additionally, this device is not addressed by the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, or Official Disability Guidelines and no articles addressing the use of this device can be found on <http://www.ncbi.nlm.nih.gov/pubmed/>. As such, the requested Thera Cane is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented Gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.