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| Case Number: | CM14-0196774 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 06/09/2000 |
| Decision Date: | 01/22/2015 | 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 New York. 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 is a 45-year-old male who was injured on June 6, 2000. The patient continued to experience pain in his lower back and mid-back. Physical examination was notable for tenderness and tight muscle band of the right cervical spine paravertebral muscles, spasm and tenderness of the right thoracic spine paravertebral muscles, tenderness and spasm of the lumbar spine paravertebral muscles, normal muscle strength, and intact sensation. Diagnoses included thoracic disc degeneration and muscle spasm. Treatment included thoracic epidural steroid injections, medications, H-wave therapy, and trigger point injection. Request for authorization for purchase of TheraCane was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a Theracane, for myofascial Pain and Spasms, Outpatient, for the Thoracic and Lumbar Spine: 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), www.odg-twc.com; Section: Low Back

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

Decision rationale: The Thera Cane is a self-massage device uniquely designed to apply pressure to sore muscles and trigger points anywhere on your body. Massage is recommended as an option in conjunction with recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. Mechanical massage devices are not recommended. The request for 1 Purchase of a TheraCane, for myofascial Pain and Spasms, Outpatient, for the Thoracic and Lumbar Spine is not medically necessary.