

Case Number:	CM15-0131940		
Date Assigned:	07/20/2015	Date of Injury:	09/08/2003
Decision Date:	08/14/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 65 year old female with an industrial injury dated 09/08/2003. Her diagnoses included cervical post-laminectomy syndrome, degeneration of lumbosacral intervertebral disc and thoracic post laminectomy syndrome. Prior treatment included physical therapy and medications. She presents on 06/10/2015 for follow up of low back pain and neck pain. Her neck pain had remained unchanged. It was localized to the low cervical spine, supraclavicular area and in the trapezius. Physical exam of the cervical spine noted trigger points over middle paraspinal muscle on the left side. Spurling's sign was positive to the left. Cervical range of motion was decreased. The treatment request is for Theracane (cervical).

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), http://www.theracane.com/product_at_a_glance.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.theracane.com/>.

Decision rationale: The requested Theracane cervical, is not medically necessary. CA MTUS and ODG are silent on this DME, and <http://www.theracane.com/> promotes its use as an adjunct to massage therapy. The injured worker has low back pain and neck pain. Her neck pain had remained unchanged. It was localized to the low cervical spine, supraclavicular area and in the trapezius. Physical exam of the cervical spine noted trigger points over middle paraspinal muscle on the left side. Spurling's sign was positive to the left. Cervical range of motion was decreased. The treating physician has not documented the medical necessity for massage therapy nor a DME to assist with massage therapy. The criteria noted above not having been met, Theracane cervical is not medically necessary.