

<b>Case Number:</b>	CM15-0192131		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male with an industrial injury dated 09-08-2010. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar disc, myalgia and myositis, and unspecified, lower leg joint pain. In a physical therapy evaluation 04-08-2015, the injured worker reported pain in his low back, left lower extremity, and right ankle and foot. The injured worker had tenderness to palpitation throughout the low back, paraspinals, left more significantly impaired than the right into the left gluteal region. The current pain was 6 out of 10, at worst 9 out of 10 and best 4 out of 10. According to the integrated summary report dated 08-10-2015 to 8-12-2015, the injured worker was being treated in functional restoration program, which was initiated on 06-01-2015. The treating physician reported that "the injured worker continued to perform well and make headway as he came to a close of his authorized program time. He has exhibited independence to initiate and institute effective strategies to manage his chronic pain. He has also demonstrated independence to safely participate in a home exercise program. He increased his functional tolerances including pushing, pulling, lifting and carrying for current functional tolerances. He has gained significant strength and endurance to be able to return to work. Goals were discussed in conference and determined with the aim of helping him return to independence with activities of daily living and potential return to work. The recommended durable medical equipment was prescribed for a medical purpose to cure and relieve the effects of the industrial injury." Treatment has included diagnostic studies, prescribed medications, physical therapy, 32 days of functional restoration program, home exercise program and periodic follow up visits. The treatment plan included return to work trial, continuation of current medications, and durable medical equipment. The treating physician prescribed services for Theracane. The utilization review dated 08-28-2015, non-certified the request for Theracane.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Theracane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic), Massage.

**Decision rationale:** The claimant sustained a work injury in September 2010 when stepping down from a machine when he fell catching his foot between the steps. He continues to be treated for low back, buttock, and left lower extremity pain. Prior treatments have included medications, physical therapy, trigger point injections, chiropractic treatments, and TENS. Recent treatments include participation in a Functional Restoration Program. When seen, he had completed 32 days of treatment. He was participating in transition program. A return to work trial was being recommended. A home exercise program had been provided and DME was requested. A Theracane is used for deep pressure massage over areas that are difficult to access such and the mid and upper back. Guidelines recommend massage as an option in conjunction with a recommended exercise program. In this case, the claimant has chronic low back pain. He has a history of prior treatments for myofascial pain with reported benefit such as physical therapy and trigger point injections but would be able to use this device as part of a self-directed home exercise program. The request can be considered medically necessary.