

Case Number:	CM15-0201724		
Date Assigned:	10/16/2015	Date of Injury:	01/27/2014
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This 40-year-old female sustained an industrial injury on 1-27-14. Documentation indicated that the injured worker was receiving treatment for lumbar discogenic syndrome, myofascial pain, insomnia and depression. The injured worker underwent left L5-S1 partial laminectomy, medial facetectomy and foraminotomy for decompression on 1-15-15. Additional treatment consisted of physical therapy, transcutaneous electrical nerve stimulator unit, home exercise, heating pad trial and medications. In a PR-2 dated 6-24-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities. The injured worker complained of sleep issues and poor mood. The injured worker reported that her transcutaneous electrical nerve stimulator unit provided mild relief of symptoms. Physical exam was remarkable for tenderness to palpation to the lumbar spinal facets and paraspinal musculature with range of motion: forward flexion 60 degrees, extension 0 degrees and "limited" lateral bending. The treatment plan included a trial of Lunesta, continuing Gabapentin, Lidopro and transcutaneous electrical nerve stimulator unit. The physician noted that the injured worker would benefit from depression screening, heating pad and self-therapeutic massage (TPT). In a PR-2 dated 8-31-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities. The injured worker reported that her sleep was improved with Lunesta. The injured worker was participating in ongoing physical therapy and waiting for a psychiatric evaluation. The injured worker continued to report that transcutaneous electrical nerve stimulator unit provided mild relief of symptoms. Physical exam was unchanged. The treatment plan included awaiting psychiatric evaluation and trial of cognitive behavioral therapy, continuing Gabapentin,

Cyclobenzaprine and transcutaneous electrical nerve stimulator unit and continuing self-TPT. On 9-3-15, Theracane was dispensed for self-TPT. On 9-18-15, Utilization Review noncertified a request for retrospective Theracane dispensed on 9-3-15 for self-TPT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Theracane (dispensed 9/3/15) for self TPT QTY 1.00: Upheld

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 <http://www.theracane.com/>.

Decision rationale: The MTUS guidelines and ODG, do not address the use of a Thera Cane device for low back pain, therefore, alternative guidelines were consulted. Per manufacturer information, the theracane is a self-massage device designed to apply pressure and assist with the stretching of sore muscles. In this case, per the available documentation, the injured worker does not participate in any type of stretching; therefore, this device is not warranted. The request for retrospective Theracane (dispensed 9/3/15) for self TPT QTY 1.00 is determined to not be medically necessary.