

Case Number:	CM15-0210925		
Date Assigned:	10/29/2015	Date of Injury:	05/19/2015
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, 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:

The applicant is a represented 36-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of May 19, 2015. In a Utilization Review report dated September 13, 2015, the claims administrator failed to approve requests for a home exercise program (HEP) plus an associated Thera Cane massager. A September 15, 2015 office visit was referenced in the determination. The claims administrator also seemingly failed to approve TENS unit patches. The applicant's attorney subsequently appealed. The IMR application dated October 27, 2015, however, seemingly only appealed the home exercise program plus Thera Cane, although an attached letter of October 27, 2015 seemingly suggested that the applicant's attorney was requesting an IMR of each denial. On September 9, 2015, the applicant reported ongoing complaints of low back pain radiating to left lower extremity. The applicant reported derivative complaints of depression. The applicant was asked to employ gabapentin, acupuncture, a TENS unit, a trial of cognitive behavioral therapy, and a psychiatric evaluation were suggested. The applicant was not working, the treating provider acknowledged. On September 17, 2015, a Thera Cane massager, a TENS device, TENS unit patches, and a home exercise program were all seemingly endorsed. The applicant was, once again, not working, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEP/Theracane: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 529 Recommendation: Mechanical Devices for Administering Massage Mechanical devices for administering massage are not recommended.568, 569 Strength of Evidence - Not Recommended, Evidence (C).

Decision rationale: The request for a home exercise program (HEP) plus Thera Cane massager device was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that the value of physical therapy and/or physical methods increases with a prescription for the same which "clearly states treatment goals." Here, however, the request for a "HEP" was ambiguous, open to a variety of different interpretations, and did not, by definition, clearly state treatment goals. The MTUS does not address the topic of TheraCane massagers. However, the Third Edition ACOEM Guidelines Low Back Disorders Chapter notes that mechanical devices for administering massage (such as the TheraCane) are deemed "not recommended." Since both the HEP and TheraCane components of the request were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.