

<b>Case Number:</b>	CM15-0051888		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 1/31/07. The injured worker has complaints of upper and lower back pain. The diagnoses have included cervical radiculitis; cervical sprain/strain, neck and lumbar sprain/strain. Treatment to date has included chiropractic; Magnetic Resonance Imaging (MRI) of the right hand; cervical Magnetic Resonance Imaging (MRI); epidural injections; theracane demonstration and medications. The requested treatment is for theracane for home use for the cervical spine only due to cervical and lumbar spasms and difficulty using Transcutaneous Electrical Nerve Stimulation (TENS) unit since he lives alone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Theracane for home use for the cervical spine only (DOS: 2/25/15): 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), Knee and leg chapter, Durable medical equipment (DME), <http://www.activeforever.com/theracane-massager>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neck and upper back pain Page(s): 173.

**Decision rationale:** This independent medical review is for a Theracane (massager) for the cervical spine. According to MTUS guidelines, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ect..." There are no high quality studies that help contribute to the argument that a personal massager is a medical necessity. This request is not considered medically necessary.