

Case Number:	CM15-0125256		
Date Assigned:	07/09/2015	Date of Injury:	03/11/2014
Decision Date:	08/05/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: Connecticut, California, Virginia
 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 injured worker is a 62-year-old female, who sustained an industrial injury on 3/11/2014. She reported pain in the cervical spine, the lumbosacral spine and the lateral left thigh after being assaulted by a student. Diagnoses have included acquired spondylolisthesis, lumbar degenerative disc disease, thoracic, lumbosacral neuritis, radiculitis unspecified and hip, or thigh strain. Treatment to date has included physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 6/22/2015, the injured worker complained of low back pain radiating to the left hip. Pain was rated 3/10. Objective findings revealed tenderness to palpation and mildly decreased range of motion. The injured worker was to return to modified work. Authorization was requested for Theracane to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane lumbar spine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Massage.

Decision rationale: While the MTUS discusses manual therapy and manipulation, the ODG provides the preferred mechanism for assessing the medical necessity of a Theracane device in this case. The ODG supports consideration of professional massage in some cases; however, the guidelines state that mechanical massage devices are not recommended. As the treatment request is not recommended by the guidelines, the request cannot be considered medically necessary at this time.