

<b>Case Number:</b>	CM15-0096385		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, California  
 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 40 year old female, who sustained an industrial injury on 04/21/2014. She has reported subsequent neck and back pain and was diagnosed with cervical and lumbar sprain/strain and thoracic degenerative disc disease. Treatment to date has included oral pain medication, application of cold and warm compresses, home exercise program and a TENS unit. In a progress note dated 04/24/2015, the injured worker complained of neck and low back pain. Objective findings were unremarkable. The patient has had tenderness on palpation and normal gait. A request for authorization of Theracane massager was submitted. The medication list includes naproxen and Cyclobenzaprine. The patient sustained the injury when she was pulling a loaded pallet with jack. Patient has received an unspecified number of PT visits for this injury. The patient has had MRI of the cervical spine on 5/1/15 that revealed minimal disc bulge with foraminal narrowing and normal EMG study on 3/26/15 of LE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theracane massager:** 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), Durable medical equipment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Massage.

**Decision rationale:** Theracane is a therapeutic massager. Per the ACOEM guidelines cited below "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms." Per the cited guidelines, "Mechanical massage devices are not recommended. (Furlan-Cochrane, 2002) (Werners, 1999) (Cherkin, 2001) (Cherkin-Annals, 2003) (Sherman, 2004)." Therefore, there is no high-grade scientific evidence to support the use of Theracane for this diagnosis. Patient has received an unspecified number of PT visits for this injury. In addition, response to previous conservative therapies including PT is not specified in the records provided. Previous conservative therapy notes including PT notes were not specified in the records provided. Theracane massager is not medically necessary for this patient.