

<b>Case Number:</b>	CM14-0140773		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of May 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical agents; TENS unit; and extensive periods of time off of work. In an August 21, 2014 progress note, the claims administrator denied a request for a Thera Cane massager, invoking 2007 ACOEM Guidelines. The applicant's attorney subsequently appealed. In a handwritten note dated March 29, 2014, difficult to follow, not entirely legible, the applicant presented with persistent complaints of low back pain. The applicant was prescribed naproxen and Omeprazole. The applicant's work status was not clearly stated. In a May 10, 2014 progress note, the applicant again presented with multifocal neck and low back pain, 4/10. The applicant had pending psychological evaluation. The applicant was using naproxen and LidoPro for pain relief. Work restrictions were endorsed, although it did not appear that the applicant was working. In an August 6, 2014 progress note, the attending provider stated that the applicant was not working owing to ongoing complaints of neck and low back pain. The applicant was given prescriptions for naproxen, Omeprazole, and LidoPro. The applicant was asked to employ a Thera Cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thera cane:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 142-143, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 2.

**Decision rationale:** The Thera Cane device represents a form of a mechanical massager. The MTUS does not address the topic of mechanical devices for administering massage. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, however, the usage of mechanical massage devices such as the Thera Cane at issue to administer massage is deemed "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.