

Case Number:	CM13-0026138		
Date Assigned:	06/06/2014	Date of Injury:	10/06/1994
Decision Date:	07/14/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. 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 Physician 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 worker is a 58 year old female with a history of chronic lower back pain and bilateral lower extremity pain starting in 1994 after an accident, who over the years ended up having multiple lumbar spinal fusion surgeries. She was also treated with steroid injections, oral medications to treat her pain including opioids, Valium, anti-depressants, and Lyrica, according to the notes provided. The most recent physician visit prior to the request was on 7/11/13, which the worker complained of her usual back pain and leg pain with a reported 40% of the pain in the lower back and 60% in the left posterior thigh, bilateral lower legs and toes. Her pain was rated at a 6/10. She also reported some bilateral arm and shoulder pain. She reported improvement in her pain and function from her opioid use. No mention of a hot tub being recommended or why was found in the notes provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT TUB PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Generally accepted standard of medical practice.

Decision rationale: The MTUS guidelines are silent in regard to using hot tubs for treatment of any injury or pain. Also, no other guidelines or professional standards comment on hot tubs. However, it is generally accepted in the medical field that using a hot tub is not a treatment modality that is accepted and is considered more of a luxury item that has no research to suggest benefit over other treatment modalities. Other methods of applying localized heat to affected areas might be accepted alternatives for consideration (and less expensive). Therefore, the hot tub is not medically necessary.