

<b>Case Number:</b>	CM13-0031643		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 patient is a 52 year old female who reported an injury on 09/01/2011. The mechanism of injury was a fall. The clinical note dated 05/07/2013 states that the patient complains of neck and mid and low back pain at all times. On the physical exam dated 05/07/2013 notes that there was tenderness to the lower cervical and upper cervical spine with tenderness noted to L5, with pain that radiates down her left leg with numbness and tingling to both feet. The plan involves the use of an inversion table at home, tens unit, and a home cervical over the door traction daily. The MRI done on 05/10/11 was noted in the clinical note dated 06/04/2013 with disc bulges at C4-7, L3-S1. The x-ray on 08/09/2012 showed degenerative changes and disk disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Whirlpool Tub for home use:** 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.

**MAXIMUS guideline:** The Expert Reviewer 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, Whirlpool tub.

**Decision rationale:** The request is non-certified. The patient does have documented bulging disc and complaints of pain that radiates down legs but no mention in medical notes of decreased range of motion. The patient continues to use inversion table and cervical over the door collar at home daily. The Official Disability Guidelines state that if the patient is home bound and has a condition for which the whirlpool bath can provide substantial therapeutic benefit justifying its cost verses if the patient is not home bound but has such a condition, recommendation is restricted to the cost of providing the service elsewhere. Therefore, the request is non-certified.