MAXIMUS Federal Services

Case Number:	CM14-0112981		
Date Assigned:	08/01/2014	Date of Injury:	08/20/1999
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 45 year old male who reported a date of injury of 08/20/1999. The mechanism of injury was a crush injury. The injured worker had diagnoses of lumbar sprain, sprain of sacrum, thoracic or lumbosacral neuritis or radiculitis unspecified and lumbar facet joint syndrome. Prior treatments included epidural injections, physiotherapy, chiropractic treatment and acupuncture. The injured worker had an MRI of the cervical spine on 09/24/2013. The injured worker's surgical history was not included within the medical records received. The injured worker had complaints of constant low back pain that radiated to his right lower extremity with numbness and tingling and rated his pain 8/10. The clinical note dated 09/26/2013 included findings of tenderness to palpation of the thoracic and lumbar spines. The injured worker had tenderness to palpation at the sciatic nerve bilaterally. The lumbar spine range of motion showed 65 degrees of flexion, 20 degrees of extension, 20 degrees of right lateral bending, and 25 degrees of left lateral bending. There was a motor deficit of the right quadriceps with complete active range of motion. Medications were not included within the medical records received. The treatment plan included the continuation of the injured worker's medications and a four week follow up. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home Jacuzzi unit: 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 Official Disability Guidelines (ODG) knee and leg, Whirlpool bath equipment.

Decision rationale: The injured worker had complaints of constant low back pain that radiated to his right lower extremity with numbness and tingling and rated his pain 8/10. The Official Disability guidelines indicate whirlpool bath equipment is recommended if the patient is homebound and has a condition for which the Jacuzzi is expected to provide substantial therapeutic benefits to justify the cost. Where patient is not homebound but has such a condition, recommendation is restricted to providing the services elsewhere, e.g., an outpatient department of a hospital or a physical therapy clinic. There is a lack of documentation indicating other therapies were tried and were not beneficial. There is a lack of documentation the injured worker is homebound and has a condition with significant functional deficits for which a Jacuzzi would provide substantial therapeutic benefits. The requesting physician's rationale for the request is not indicated within the provided documentation. The request for a home Jacuzzi unit is not medically necessary.