

Case Number:	CM14-0047332		
Date Assigned:	09/05/2014	Date of Injury:	12/13/1995
Decision Date:	10/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family 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 injured worker is a 59 year old male who was injured on 12/13/95 when was standing on a bathtub repairing a ceiling and slipped and fell. The injured worker is status post discectomy at L5-S1 followed by fusion with cages at L5-S1. The injured worker continued to complain of low back pain with radiation into the right lower extremity and foot. Records indicate postsurgical treatment has included multiple epidural injections and a spinal cord stimulator implantation. On one occasion the injured worker accidentally turned the stimulator up to high and sustained a severe shocking feeling. Clinical note dated 12/18/13 notes the injured worker has not used the spinal cord stimulation (SCS) for over one year and has effectively managed his pain low doses of anti-inflammatories (Ibuprofen) and occasional opioid analgesics (Norco). Clinical note dated 02/13/14 states the injured worker is schedule for SCS removal and reports increased low to mid back pain. This note states the injured worker utilizes a jacuzzi tub in lieu of physical therapy and reports that this has been deemed medically necessary for this injured worker. This note states the injured worker's Jacuzzi is in need of repair. A request for Jacuzzi repair was submitted on 02/17/14 and subsequently denied by Utilization Review dated 03/05/14. The injured worker's SCS was surgically removed on 02/24/14. Postoperative clinical note dated 2/27/14 states the injured worker reports his pain at a 2/10 and has only taken one Norco for pain since the SCS was removed. Clinical note dated 03/10/14 states the injured worker takes Motrin for pain and takes only to 1 Norco when Motrin does not resolve the pain. The injured worker rates pain at a 3/10 at this visit. Clinical note dated 04/07/14 states the injured worker is having a slight increase in low back pain which worsens with any activity. It is noted the injured worker had been utilizing his Jacuzzi as the primary pain relief but as the Jacuzzi has broken down the injured worker had needed to increase medications. This note does not reveal the amount of medication needed to control/resolve the injured worker's symptoms. Clinical note dated 06/17/14 states the

injured worker continues to take medications on an as-needed basis and notes the injured worker "sometimes goes several days without taking any of the hydrocodone." Ibuprofen usage is reported to be somewhat more regular.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Jacuzzi repair: 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 (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable medical equipment (DME) and Whirlpool bath equipment sections

Decision rationale: TThe request for 1 Jacuzzi repair is not recommended as medically necessary. The MTUS and ACOEM do not address the use of a Jacuzzi for low back complaints. The ODG states durable medical equipment may be recommended when the device or system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients and is appropriate for use in an individual's home. There is no evidence that the injured worker is renting the Jacuzzi or that this equipment could be used by successive patients. It is questionable that a Jacuzzi would be appropriate in an individual's home. While ODG does not specifically address a Jacuzzi as DME, recommendations are cited for "whirlpool bath equipment." The ODG states this equipment is "recommended if the patient is homebound and has a condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost." Records do not indicate the injured worker is homebound. The submitted documentation states the injured worker utilizes the Jacuzzi as a primary means to control pain. Records dating 03/10/14, 04/07/14 and 06/17/14 state the Jacuzzi is in need of repair; the same notes also indicate the injured worker often requires little to no medication for pain control. Records suggest the injured worker does not require intervention with medication in order to function. As such, there are no significant complaints which would indicate the injured worker could expect to receive substantial therapeutic benefit with the use of DME such as "whirlpool bath equipment." Based on the clinical information provided, medical necessity of 1 Jacuzzi repair is not established.