

<b>Case Number:</b>	CM15-0107197		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New  
 York Certification(s)/Specialty: Internal Medicine

### 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 49 year old male, who sustained an industrial injury on April 11, 2000. He reported an injury to his low back with associated numbness and tingling down the legs. Treatment to date has included L4-L5 and partial L5 bilateral laminectomy and excision of a large extruded disc bilaterally, medications, epidural steroid injection, acupuncture, chiropractic therapy, Botox injections and physical therapy. Currently, the injured worker complains of low back pain. He reports that he pain is intermittent and improving. He has occasional radiation of pain to the right anterior thigh and reports that his symptoms are relieved with Botox injections and his pain medications. On physical examination, the injured worker has a normal gait and normal muscle tone of the lower extremities. He has tenderness to palpation over the lower thoracic paraspinals and the upper lumbar paraspinals. The diagnoses associated with the request include post-laminectomy syndrome of the lumbar region and lumbago. The treatment plan includes medications, massage chair repair, continued Botox injections and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sanyo Zero Gravity Massage Chair, for low back muscle spasm: 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), Low Back & Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sanyo Zero Gravity Massage Chair for low back muscle spasm is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; and lumbago. Objective physical findings in a May 28, 2015 progress note show tenderness to palpation in the thoracic and lumbar spine with spasm. The documentation indicates the injured worker has a pre-existing massage chair that has been submitted for repairs and is currently not working. The request for authorization appears to reflect a request for a new Sanyo zero gravity massage chair. A massage chair is durable medical equipment (DME) as defined in the Official Disability Guidelines. A massage chair may be useful to a person in the absence of illness or injury and does not customarily serve medical purpose. The existing massage chair should be repaired. When noting the date of injury, the injury sustained, the treatment rendered to date as well as the current physical examination taken in conjunction with the guidelines for DME, the Sanyo zero gravity massage chair is not clinically indicated. Consequently, absent DME guideline recommendations for a massage chair and current physical findings, Sanyo Zero Gravity Massage Chair for low back muscle spasm is not medically necessary.