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| Case Number: | CM15-0209740 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 08/25/1981 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 25, 1981. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for a hot tub (spa). An October 8, 2015 progress note was cited in the determination. On a handwritten letter dated October 19, 2015, the applicant personally appealed, stating that his wife was often unable to drive him to and from a pool or spa. On October 7, 2015, the treating provider stated that the applicant was using a hot tub at the [REDACTED], as a means of attenuating the applicant's ongoing issue with chronic low back pain. Authorization for a hot tub or spa for home use purposes was sought. The applicant had undergone earlier failed lumbar spine surgery with development of subsequent pseudoarthrosis, the treating provider reported. The applicant's work status was not clearly reported. It did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot tub / spa purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Activity Alteration, and Low Back Complaints 2004, Section(s): Physical Methods, Activity.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 969.

Decision rationale: No, the request for a hot tub or spa was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with low back pain complaints, as were/are present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does not espouse usage of high-tech devices such as hot tub or spa at issue as a means of delivering heat therapy. The Third Edition ACEOM Guidelines Chronic Pain Chapter takes a more explicit position against usage of high-tech devices for delivering heat therapy, noting that whirlpools (AKA spas or hot tubs) are "not recommended" in the chronic pain context as application of heat therapy is something that an applicant can perform independently, ACOEM's Chronic Pain Chapter notes on page 969. Therefore, the request was not medically necessary.