

Case Number:	CM15-0170914		
Date Assigned:	09/11/2015	Date of Injury:	03/23/1995
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 61-year-old male with a reported date of injury of 03-23-1995. The diagnoses include lumbar strain and lumbar spondylolisthesis. Treatments and evaluation to date have included oral medications, chiropractic care, and medial branch blocks. The diagnostic studies to date have not been included in the medical records. The medical report dated 07-08-2015 indicated that the injured worker presented with recurrent left-sided low back pain. He rated the low back pain 3-5 out of 10, averaging 4 out of 10. The injured worker had increased pain associated with sitting, standing, walking, lifting, reaching, and bending. An x-ray of the lumbar spine on 01-04-2011 showed L4-5 spondylolisthesis and an MRI of the lumbar spine on 03-23-2005 showed minimal degenerative spondylolisthesis at the L4-5 level. The physical examination showed no evidence of scoliosis; full cervical range of motion; full thoracic range of motion; full lumbar range of motion; some tenderness on the left-sided lumbar sacral junction; increased pain with lumbar spinal fusion; negative straight leg raise; full range of motion of the hips; and negative sacroiliac joint compression maneuvers. The injured worker's work status was not discussed. The request for authorization was dated 08-11-2015. The treating physician requested the purchase of a hot tub. It was noted that the injured worker had relief with chiropractic care and massage in the past, but he did not have access to hydrotherapy. On 08-18-2015, Utilization Review non-certified the request for the purchase of a hot tub, since the guidelines do not support advanced or elaborate home care equipment, and this home modification is not required for safety or for the purpose of heat administration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of hot tub: 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); Medicare and Medicaid Policy.

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 (Acute & Chronic), Durable medical equipment (DME) and Other Medical Treatment Guidelines <http://policy.ssa.gov/poms.nsf/lnx/0600610200> HI 00610.200 Definition of Durable Medical Equipment.

Decision rationale: The CA MTUS and ODG is silent concerning hydrotherapy and hot tubs for low back pain; however, there is guidance concerning durable medical equipment (DME) for similar medical conditions. Per the ODG, equipment may be generally recommended if there is a medical need, and if the device or system, meets Medicare's definition of durable medical equipment (DME). Medicare defines DME, as equipment that is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. Although it is clear from recent medical documents that the injured worker has gained benefit from hydrotherapy, he has also responded to chiropractic and massage therapy in the past, and he may have functional improvement with a trial of physical medicine. However, in the case of a hot tub, it may be generally used by anyone, and is therefore not considered medical equipment. Thus, the request for purchase of a hot tub is not medically necessary and appropriate.