

Case Number:	CM15-0073099		
Date Assigned:	04/23/2015	Date of Injury:	03/13/1974
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female who sustained an industrial injury on March 13, 1974. She has reported low back pain and has been diagnosed with low back pain, and foot drop right. Treatment has included surgery and medications. Progress report dated October 3, 2013 noted the injured worker had chronic low back pain with radiculopathy and nerve damage with numbness and foot drop. The treatment request included therapeutic hot tub with jets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic hot tub with jets: 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-TWC), Procedure Summary Online Version, Durable Medical Equipment; Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary, Heat Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant is more than 40 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. When seen, she was using a hot tub several times per day. She had decreased lower extremity sensation and a chronic left foot drop. There was lumbar paraspinal muscle tenderness and spasm. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for a hot tub and the request is not medically necessary.