

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Spa for therapeutic (E1399) on November 5, 2007, and November 11, 2007

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation does not support the medical necessity of the Spa for therapeutic (E1399) on November 5, 2007, and November 11, 2007 in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (11/05/07 – 11/09/07)

M.D.

- Office notes (09/24/07 – 10/18/07)
- Diagnostics (10/12/07)

Group

- Office notes (05/10/07 – 10/31/07)
- Diagnostics (09/19/07 - 10/12/07)
- Utilization reviews (11/05/07 – 11/09/07)

ODG Guidelines utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured when he slipped and fell into a pit on some rocks while lifting some heavy slips.

2000 – 2006: No treatment history is available.

2007: In May 2007, M.D., a pain specialist, evaluated the patient for persistent low back pain, worsening with the activity. He noted diffuse tenderness over the lumbar paraspinal muscles and positive straight leg raising (SLR) test. He assessed lumbar discopathy and annular tears at L3-L4 and L4-L5; treated the patient with hydrocodone, cyclobenzaprine, Protonix, and tramadol; and referred him to a surgeon for further management. In September, x-rays revealed a solid anterior interbody fusion at L4-L5 and L5-S1 and presence of hardware.

M.D., a neurosurgeon, noted: *The patient underwent lumbar laminectomy in October 2001 for left leg pain. He had partial benefit and further underwent anterior lumbar interbody fusion (ALIF) at L4-L5 and L5-S1 with placement of hardware. He continued to have severe chronic mechanical low back pain with feeling of numbness/dysesthesias/weakness in legs. The patient did undergo discography (no reports), physical therapy (PT), and epidural steroid injections (ESIs) which did not help. On x-rays, Dr. noted solid interbody fusion at L4-L5 and L5-S1, and anterolisthesis of L3 on L4 with a narrow L3-L4 disc space. He felt the patient had L3-L4 posttraumatic disc pathology (probably adjacent level disease with instability). He continued hydrocodone, Flexeril, and Motrin. A lumbar myelogram and post-myelogram computerized tomography (CT) revealed postoperative changes at L4-L5 and L5-S1 with a disc bulge at L3-L4 causing mild bilateral neural foraminal narrowing. Dr. discussed treatment options including medications, PT, ESIs, and surgery. The patient opted for conservative management. Dr. stated if the patient decided on the surgery, it would be posterior L3-L4 decompression with fusion and instrumentation. On October 31, 2007, he prescribed a Caldera Spa with complete hydrotherapy package and Select Comfort 9000 King Set Dual Plop wired mattress.*

The request for the Caldera Spa with complete hydrotherapy package and Select Comfort 9000 King Set Dual Plop wired mattress was denied with the following rationale: *There is no indication of other conservative care treatment besides the recent ESIs that were apparently ineffective. The patient is not described as being active in a home exercise program (HEP) in order to help resolve this problem himself. The records for review do not present evidence that the requested devices are medically necessary. The Spa applies heat that can be applied simply with readily available heating pads and produce the same effect. A more suitable firmness to his present mattress can be produced by the use of a readily available board placed between the mattress and the springs. There is no peer-reviewed medical literature that indicates that these devices are medically necessary for the treatment of a low back condition. The requested devices, considering the information available for review, would be categorized as a luxury and not medically indicated, reasonable, or necessary.*

An appeal for reconsideration of the request for Caldera Spa with complete hydrotherapy package and Select Comfort 9000 King Set Dual Plop wired mattress was denied with the following rationale: *This 29-year-old male has a long-standing history of back pain which requires narcotic and has not responded to two surgical procedures from L4 through sacrum. His current imaging studies show mild stenosis and an anterior listhesis at L3-L4. Non-operative measures versus a decompression and fusion at L3-L4 are being considered as treatment options. The use of a firm mattress or bed board is a well established and recognized treatment for chronic low back pain and as indicated in the literature, there is at least some support for this. However, this request will be denied as a discussion with Dr. LeGrand did not take place. On the other hand, the heat treatment provided by the Spa for pain relief can equally be obtained by sitting in warm water in a bathtub.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

THERE IS NO EVIDENCE BASED STUDIES TO SUPPORT A SPA OVER COMMONLY USED HEAT MODALITIES INCLUDING SITTING IN A WARM TUB. IN ADDITION, THERE IS NO EVIDENCE TO SUPPORT THE NEED FOR A “SPA” IN CHRONIC CONDITIONS.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES