

Case Number:	CM13-0011184		
Date Assigned:	09/19/2013	Date of Injury:	08/28/1997
Decision Date:	01/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70 year old male, with a date of injury on 8/28/97. The progress report, dated 6/20/13 by [REDACTED] noted that the patient returned from the Phillipines with acute low back pain. Exam findings included, full ROM of the lumbar spine with pain at all endpoints and tenderness noted on the left paraspinal muscles. The patient's diagnoses include: lumbosacral spondylosis without myelopathy; low back pain; lumbar sprain and strain; generalized osteoarthritis, involving hand. A request was made for an orthopedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Comp. (TWC) guidelines.

Decision rationale: