MAXIMUS Federal Services

Case Number:	CM13-0029009		
Date Assigned:	11/27/2013	Date of Injury:	11/07/1981
Decision Date:	08/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/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 records, presented for review, indicate that this 62-year-old female was reportedly injured on November 7, 1981. The mechanism of injury was not listed in these records reviewed. The most recent progress note, presented for review, was dated August 23, 2013. It indicated that there were ongoing complaints of neck pain, low back pain, and urinary incontinence. The physical examination demonstrated a slight reduction in lumbar spine range of motion. No other findings on physical examination reported. Diagnostic imaging studies are not reported or presented for review. Previous treatment included lumbar fusion surgery, postoperative rehabilitation, and durable medical equipment. A request had been made for an electric bed and was not certified in the pre-authorization process on September 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC BED TO OBTAIN A SEMI-FOWLERS POSITION: 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 Aetna Clinical Policy Bulletin, Hospital Beds and Accessories (electronically sited).

Decision rationale: According to CA MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician does quantifiably document functional improvement, including an increase in the ability of the patient to drive, clean, and dress herself without severe pain, and a pain reduction from a 10/10 to a 7/10 with current opioid use. There is also documentation of several urine drug screens performed that reveal the patient is compliant and consistent with medication use. As such, the ongoing use of chronic opioids is supported by MTUS guidelines and certification of Norco 10/325mg #90 is medically necessary.