

Case Number:	CM13-0060471		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2012
Decision Date:	04/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in Physical Medicine and Rehabilitation. 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 56-year-old male with date of injury of 04/30/2012. The listed diagnoses dated 11/04/2013 are: Lumbar disk herniation, Stenosis, Radiculopathy, Status post L4-L1 spinal fusion, L5-S1 decompressive laminectomy, and 11/19/2013 According to the progress report dated 11/04/2013, the patient complains of ongoing back pain that radiates to his left buttock, left lateral anterior thigh, anterior shins, and foot. His current lists of medications include Ryzolt, Lisinopril, Naprosyn, Actos, Metformin HCl, and Zanaflex. The physical examination shows he has 5-/5 weakness in the left tibialis anterior. Deep tendon reflexes were absent at the patella's and Achilles. There is tenderness upon palpation over the midline lumbar spine at L4-L5 and L5-S1. There is also minimal tenderness over the sacroiliac joints. The physician is requesting a rental of a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of a hospital 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 Medical Treatment Guideline or Medical Evidence: Hospital bed.

Decision rationale: This patient presents with chronic back pain which radiates to the left buttock, left lateral anterior thigh, anterior shins, and the foot. The physical is requesting a rental of a hospital bed. The utilization review dated 11/22/2013 denied the request stating, "This patient is a 56-year-old man with no documentation of significant weakness or neurologic deficit or any other compromise that would necessitate a hospital bed at home. Also, for the physical therapy evaluation note, the patient was spoken to about using a low step to get into his current bed at home. On discharge, recommendations by the physical therapist included a front-wheeled walker only." The MTUS and ACOEM Guidelines do not discuss hospital bed following lumbar fusion. The AETNA Guidelines require that the patient's condition require positioning of the body, head of bed elevated more than 30 degrees most of the time, and requires special attachment. The physician requesting progress report was not made available for review to verify the rationale behind the request. The progress report dated 12/09/2013 shows that the patient is using a walker and a back brace. In this case, the patient appears functional enough to self-care and self-transfer based on the ability to use a walker. The patient's condition does not meet the requirements provided by the Aetna Guidelines. Therefore, recommendation is for denial.