

Case Number:	CM13-0063779		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2003
Decision Date:	04/14/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Illinois. 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 patient is a 35-year-old female who reported an injury on 11/29/2003. The mechanism of injury involved a fall. The patient is diagnosed with lumbar pseudoarthrosis, status post revision fusion surgery, and abdominal pain. A Request for Authorization was submitted on 11/06/2013 for an orthopedic bed. However, the latest physician progress report submitted for this review is documented on 10/23/2013 by [REDACTED]. The patient presented 1 year status post revision of anterior and posterior lumbar fusion. The patient reported instability with balance issues. Physical examination revealed improved range of motion without tenderness to palpation. X-rays obtained in the office indicated a solid appearing fusion at L4-S1 with interbody cages in place. An MRI of the lumbar spine is also noted to have indicated a solid fusion at L4-S1 without adjacent segment disease. Treatment recommendations at that time included authorization for physical therapy twice per week for 6 weeks, as well as laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT, ORTHOPEDIC BED: 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), 5th Edition, Low Back Chapter, online 8/26/10

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 Chapter, Mattress Selection

Decision rationale: Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. As per the documentation submitted, the patient's physical examination did not reveal any significant musculoskeletal or neurological deficit. There was no indication of significant instability. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.