

<b>Case Number:</b>	CM13-0069508		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Orthopedic Surgery 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 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 64 year old female who was injured on 11/14/2011 when she fell down at work sustaining an injury of the low back. Prior treatment history has included Zolpidem, Prozac, Ambien, Atenolol, Hydrocodone/Tylenol 5/325 mg, Levothyroxine, Cortisone injections, Cymbalta, Physical Therapy and Acupuncture. Treatment has also included an L4-L5 and L5-S1 Microdiscectomy and Foraminotomy. Clinic note dated 11/26/2013 documented that the patient returned for follow up. She had lumbar spine surgery on 10/19/2013. She still complains of headaches and neck pain rated 3/10 and mid and low back pain rated 4-7/10 with left leg numbness. The pain radiates to her hands and knees. She reports that lifting, pushing, pulling, twisting, bending, stooping, kneeling, walking, and sitting aggravate her symptoms. She is continuing her treatment as recommended. She is still seeing her regular physician. She is currently off work. Objective findings on exam included examination of the left lower extremity. There was decreased sensation at the left S1 dermatome. Motor examination revealed 5/5 strength in the left tibialis anterior, gastroc soleus and extensor hallucislongus. Current diagnoses include: 1. Lumbar disc herniation with myelopathy 2. Lumbar degenerative joint disease/degenerative disc disease. 3. Lumbar myalgia. 4. Lumbar neuritis/radiculitis (not otherwise specified). 5. Five weeks status post lumbar surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR 1 DME: HOSPITAL BED FOR HOME: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Durable Medical Equipment (DME).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bed Rest.

**Decision rationale:** The guidelines advise that bed rest has potential debilitating effects; most patients do not require bed rest. Bed rest may lead to a slower recovery, however staying active and attempting to maintain activity levels is recommended. According to the guidelines, studies advise against the use of bed-rest in the management of LBP, since there is a relationship between the occurrences of LBP after bed-rest. In addition, the medical records do not establish that the patient requires elevation in bed of greater than 30 degrees due to serious medical conditions such as congestive heart failure, chronic pulmonary disease, or aspiration. The medical records do not establish the patient requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition that is expected to last a prolonged duration. The medical records do not provide a clinical rationale to establish justification for a hospital bed for the home. The medical necessity of this request is not established.