MAXIMUS Federal Services

Case Number:	CM14-0120430		
Date Assigned:	08/06/2014	Date of Injury:	01/20/2011
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency Medicine & Fellowship, and is licensed to practice in Texas. 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 injured worker is a 57 year old female who reported an injury on 01/20/2011 with an unknown mechanism of injury. The injured worker was diagnosed with chronic pain syndrome, thoracic/ lumbar neuritis, and depression. The injured worker was treated with home health service, ESIs, acupuncture, and medications. The injured worker had official MRI of the cervical spine and left shoulder on 03/31/2014. The injured worker had no documentation of surgical history indicated in the medical records. The clinical note dated 07/16/2014 noted injured worker complained of pain in multiple areas, felt depressed at night, had trouble getting out of bed, and recent falls. The injured worker had use of rolling walker with slow gait. On the clinical note dated 05/08/2014, the injured worker had forward flexed posture, difficulty with toe-off weak hip flexors, eight trigger points in the lumbar paraspinals, spinea erector, and gluteal muscles, and a positive straight leg raise. The injured worker was prescribed Savella 50mg twice a day, Ambien 10mg at bedtime, Norco 10/325mg every 6 hours, Xanax 1mg three times a day, Zoloft 50mg a day, Seroquel 100mg at bedtime, Neurontin 600mg twice a day, Hydrochlorothiazide 25mg daily, Metoprolol 50mg daily and Diovan 160mg daily. The treatment plan was for hospital bed for the lumbar spine. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, durable medical equipment, low back chapter, mattress selection

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, DME.

Decision rationale: The request for hospital bed for the lumbar spine is not medically necessary. The injured worker is diagnosed with chronic pain syndrome, thoracic/ lumbar neuritis, and depression. The injured worker complains of pain in multiple areas, felt depressed at night, had trouble getting out of bed, and recent falls. The Official Disability Guidelines note generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. If the item can withstand repeated use, could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The injured worker's medical records lack documentation of objective and quantified functional deficits to warrant the necessity of a hospital bed. There is a lack of documentation indicating the injured worker has quantified diminished range of motion and strength that would require the use of a bed that has mobility functions. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for hospital bed for the lumbar spine is not medically necessary.