

Case Number:	CM14-0122060		
Date Assigned:	08/06/2014	Date of Injury:	12/22/2002
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/03/2014

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 Physical Medicine and Rehabilitation 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 57 year old female with an injury date on 12/22/02. Patient complains of improved lower lumbar pain following trigger point injection which gave 65% relief for 7 weeks per 7/10/14. Patient also complains of weakness in both lower extremities especially in the thighs, which has resulted in increased falls per 5/8/14 report. The patient has grab bars in hallways, and a home health nurse 7 hours a day, 7 days a week per 7/10/14 report. Based on the 7/10/14 progress report provided by [REDACTED] the diagnoses are: 1. Status post work related injury with resultant disc herniation and lower back pain, with evidence of chronic pain syndrome, progressive disc disease, lumbar radiculopathy, and severe spinal stenosis2. pain management3. history of recurrent falls and gait disturbance4. depression5. left hand trigger finger6. return to clinic in 6-8 weeksExam on 7/10/14 showed "patient ambulates with a sit-down walker and has flexed forward posture at 30 degrees." The 5/8/14 exam states straight leg raise test is positive bilaterally at 60 degrees. [REDACTED] is requesting a hospital bed. The utilization review determination being challenged is dated 7/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/6/14 to 7/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability guidelines:Low Back-Lumbar and Thoracic (Acute & Chronic) Chapter:Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG lumbar chapter, for Mattress selection and on the Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Hospital Beds and Accessories Number: 0543.

Decision rationale: This patient presents with lower back pain. The treater has asked for hospital bed on 7/10/14. The patient reports difficulty with sitting, standing, transferring, bathing, and dressing per 7/10/14 report. The ACOEM, MTUS and ODG guidelines do not specifically discuss Hospital beds. Aetna Clinical Policy Bulletin Number 0543, states hospital beds are medically necessary if patient's condition requires positioning of the body in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. In this case, the treater does not provide a rationale for the requested hospital bed and the patient does not fit any of the criteria set forth by Aetna. Recommendation is for denial.