

Case Number:	CM14-0123410		
Date Assigned:	08/08/2014	Date of Injury:	10/12/2013
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 claimant is a 43-year-old gentleman who sustained an injury to the low back on November 12, 2013. The records available for review documented the claimant underwent a July 1, 2014, laminectomy, discectomy and instrumented fusion at the L5-S1 level. No additional clinical records were provided. Specific to the claimant's surgery, this request is for the postoperative use of a three-in-one commode and the purchase of a hospital bed for postoperative use for an unspecified period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar post-op commode QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (updated 06/05/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME).

Decision rationale: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines criteria, the use of a three-in-one commode postoperatively would be supported because this claimant underwent lumbar surgery. The use of a three-in-one commode in the postoperative period would be consistent with current standards of care. Therefore, this request is medically necessary.

Lumbar post-op hospital bed (duration unspecified): 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) Low Back (updated 07/03/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Mattress selection.

Decision rationale: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, the postsurgical use of a hospital bed would not be indicated. According to the ODG Guidelines criteria, there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain or, by extrapolation pain associated with postoperative recovery. In addition, the records do not specify duration of use for the hospital bed in the home-based setting or provide a rationale for why the claimant would not be able to utilize non-hospital type bedding. For these reasons, this request is not medically necessary.