

Case Number:	CM14-0131365		
Date Assigned:	09/16/2014	Date of Injury:	02/03/2012
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 57 year-old male with a date of injury of 2/3/2012. The patient's industrially related diagnoses include lumbago, insomnia, and displacement of lumbar intervertebral disc without myelopathy. He has been under medical management with Norco, Tramadol, Flexeril, and chiropractor treatments with reduction of pain level to 3-4/10. Patient has also received a lumbar epidural steroid injection at L4-5 on 6/3/2014 with 50% pain reduction and functional improvement. The disputed issue is for a hospital bed rental to elevate upper body and improve sleep. A utilization review determination on 8/14/2014 had noncertified this request. The stated rationale for the denial was lack of history of correlation between sleeping position and insomnia in this patient, and additional conservative treatment such as a wedge pillow has not been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed With the Ability to Elevate Upper Body for Rental Per Report Dated 07/29/2014. Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT INTEGRATED TREATMENT/ DISABILITY DURATION GUIDELINES LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Criteria on Hospital Beds

Decision rationale: The California Medical Treatment and Utilization Schedule does directly address hospital beds. The following are Medicare Indications and Limitations of Coverage regarding Hospital Beds:(found on

E - Side Rails

If the patient's condition requires bed side rails, they can be covered when an integral part of, or an accessory to, a hospital bed.”

According to a progress note on date of service July 29, 2014, the stated rationale by the requesting provider for a hospital bed is the patient is unable to sleep in a flat position. As referenced above, the criteria according to Medicare guidelines for the rental of hospital beds include patients with severe lower extremity arthritis, severe neurologic injuries such as spinal cord injury or stroke, or severe cardiac conditions such as congestive heart failure which require body elevation. The inability to sleep does not constitute one of the Medicare approved indications, and is unclear if a more conservative measure such as the use of a wedge pillow or multiple pillows has been attempted. This request is not medically necessary.