

Case Number:	CM14-0135570		
Date Assigned:	08/29/2014	Date of Injury:	11/27/2012
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 45-year-old male who sustained a work related injury on 11/27/2012 as a result of cumulative injury as an equipment repair technician. On 07/11/2014 the patient underwent a multilevel lumbar decompression surgery that included a laminectomy, facetectomy and foraminotomy of L4, L5 and S1 with concomitant posterior stabilization utilizing pedicle rods and interbody reconstruction and bilateral posterolateral arthrodesis of L4-5 and L5-S1. A physical therapy evaluation the following day identified that the patient requires moderate assistance with supine/sit and sit to supine maneuvering and requires hands on assistance to maintain static/dynamic balance. He is currently utilizing a four wheel walker to ambulate. The patient has identified neuromuscular weakness of his lower extremities. In dispute is a decision for a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 2.

Decision rationale: Although this particular equipment is not addressed in the California Medical Treatment Utilization Schedule (MTUS) guidelines, it does specify that a request "shall not be denied on the sole basis that the condition or injury is not addressed." It is reasonable that the patient be given every opportunity and tool available to ensure his recovery meets the maximum functionality possible. I see no reason to deny the use of a hospital bed to assist in his recovery from such an extensive surgical procedure to his lumbar spine.