

<b>Case Number:</b>	CM14-0136750		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal 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 53 year old male who reported an injury on 04/29/2009. The mechanism of injury occurred while performing duties as a maintenance worker. The injured worker's diagnoses included dynamic instability at L4-L5 and spondylolisthesis with instability at L4-L5 with a flare up. His past treatments included surgery, a lumbar back brace, front wheeled walker, 3 in 1 commode, medications, injections, and physical therapy. The injured worker's diagnostic exams consisted of a lumbar spine MRI performed on 06/20/2014, which revealed grade 1 anterolisthesis of L4-L5. An X-ray exam of the lumbar spine showed 5-6mm of instability. His surgical history comprised of an anterior posterior L4-L5 fusion on an unspecified date. On 07/11/2014, the injured worker complained of an acute flare-up of his back pain and spasms. He reported constant low back pain of 7-8/10 at rest and 9-10/10 with activity. He stated that he could not tolerate prolonged walking, standing, or sitting. There were also reports of numbness in the left arm/hand and feelings of anxiety, depression, and gastrointestinal discomfort. The lumbar spine exam revealed decreased lordosis with tenderness and spasms at L3 through the sacrum. There was also noted central tenderness and spasms over the facets. He had decreased range of motion with flexion noted at 10 degrees and extension noted at 5 degrees. There was positive sciatic notch tenderness bilaterally and a positive straight leg raise. He also had decreased motor strength of his tibialis anterior at 4+/5 and extensor hallucis longus at 4+/5 bilaterally. His medications included Dexilant, Colace, Metformin, Probiotics, Sentra AM, Sentra Pm, and topical analgesics. The treatment plan consisted of a lumbar fusion surgery at L4-L5, hospitalization approximately 3-5 days, post-operative physical therapy, lumbar back brace, front wheeled walker, and a hospital bed rental for 30 days. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital bed rental for 30 days:** Upheld

**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 - 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 - Lumbar & Thoracic, Mattress selection.

**Decision rationale:** The request for a hospital bed rental for 30 days is not medically necessary. The Official Disability Guidelines do not recommend mattresses based solely on firmness as sole 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. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers from spinal cord injury may be treated by special support surfaces including beds, mattresses and cushions that are designed to redistribute pressure. Based on the clinical notes, the injured worker was recommended for a lumbar fusion at L4-5. There is a lack of documentation indicating that surgery had been approved or scheduled. In addition, the guidelines state that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. Based on the lack of documentation regarding the associated surgical procedure, the request is not supported. Thus, the request for a hospital bed rental for 30 days is not medically necessary.