

Case Number:	CM14-0185662		
Date Assigned:	11/13/2014	Date of Injury:	02/22/2001
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 New York. 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 58 year old female who sustained an industrial injury on 02/22/2001. The mechanism of injury is stated as when working as a bus driver she sustained an injury to her low back as a result of getting up out of her seat to assist a wheelchair-bound bus patron. Her diagnoses included low back pain, bilateral lumbar facet pain, and bilateral lumbosacral radicular pain. She continues to complain of low back pain. On physical exam she has an antalgic gait. There is midline tenderness extending from L3 through S1, bilateral paravertebral muscle tenderness and bilateral facet tenderness at L3-4, L4-5, and L5-S1. There is right SI tenderness. Straight leg raising both sitting and lying and Lasegue's positive right 40 degrees and left 60 degrees. She has hypoalgesia in the distribution of right L5-S1 nerve root, right lower extremity and altered sensation left L5-S1 nerve root left lower extremity. She also has weakness in the right lower extremity secondary to pain. Treatment has consisted of medical therapy with Norco 10/325, Flexeril 10mg, MS Contin 100mg, Trazadone 50mg, Restoril 30mg and Docusate sodium. The treating provider has requested an orthopedic bed and a Walk-in Tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back and Knee Chapters

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 Pain

Decision rationale: Per ODG indicates 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. Mattress selection is subjective and depends on personal preference and individual factors. Hospital beds are primarily medical in nature and are not regularly used as a treatment for chronic low back pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Walk-in tub: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Pain

Decision rationale: There is no specific indication for a Walk-in Tub. There is no history of recurrent falls. There is no recommendation in ODG for the treatment of chronic low back pain in the absence of falls. Medical necessity for the requested item has not been established. The requested item is not medically necessary.