

<b>Case Number:</b>	CM14-0025857		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 & Rehabilitation 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 64-year-old female who reported an injury on 03/01/2006. The mechanism of injury was not provided for clinical review. The diagnoses included degenerative disc disease of L3-4, L4-5; diffuse lumbar spondylosis with spinal canal stenosis; and right leg radiculitis. Previous treatments include physical therapy, medication, epidural steroid injections, TENS unit, and EMG/NCV. Clinical note dated 01/27/2014, it was reported the injured worker complained of severe debilitating lower lumbar and bilateral lower extremity neurogenic claudication type complaints secondary to severe, lumbar spinal canal stenosis at L4-5 and L5-S1. The injured worker complained of low back pain. She rated her pain 9/10 in severity, and 10/10 in severity at its worst. She noted the pain in the low back radiated down both legs at all times. Upon the physical examination of the lumbar spine, the provider noted tenderness remained elicited upon palpation midline at the level of the iliac crest, superior and inferior as well as bilateral lumbosacral junctions and bilateral buttocks. The provider indicated the injured worker had a positive straight leg raise bilaterally. Sensation remained diminished to light touch in the right L5 and S1 dermatome. The request submitted was for a hospital bed rental times 1 month. However, rationale was not provided for clinical review. The Request for Authorization is submitted and dated on 02/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOSPITAL BED RENTAL TIMES ONE MONTH QTY 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Clinical Policy Bulletin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee, Durable Medical Equipment.

**Decision rationale:** The request for hospital bed rental times 1 month, quantity 30 days, is not medically necessary. The injured worker complained of low back pain which she rated 9/10 in severity, and 10/10 in severity at its worst. She complained of pain in the low back which radiated down both legs at all times. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare definition of durable medical equipment. The guidelines note durable medical equipment may be recommended if it can withstand repeated use, could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. There is a lack of significant objective findings indicating the medical necessity for the rental of a hospital bed. The provider failed to perform an adequate and complete physical examination demonstrating the injured worker had decreased function and decreased strength and flexibility. Therefore, the request is not medically necessary.