

<b>Case Number:</b>	CM14-0031451		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and is licensed to practice in Texas. 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 42 year old male who reported an injury on 05/14/2013. The injured worker had a C5-6 anterior cervical fusion on 01/09/2014. Prior treatments included Advil, tramadol, Etodolac, and chiropractic care. The documentation of 01/23/2014 revealed the injured worker had sensory loss in the left forearm, thumb, and index finger in the C5-6 distribution. The motor strength was 4/5 at the left biceps and there was some guarding at the deltoid. The reflexes for the right bicep were 1-2 and on the left it was absent. The reflexes on the right triceps were 1-2 and on the left was trace. The brachial radialis reflexes were right trace and left absent. The knee and ankle reflexes were 2-3. Plantar responses were equivocal. The diagnosis included status post C5-6 anterior cervical fusion, history of smoking, rule-out shoulder bursitis, cervical tension headaches and industrial lumbar disc injury. The treatment plan included physical therapy 1 time a week for 6 weeks with ultrasound heat and massage, hospital bed rental, and an MRI of the lumbar spine, as well as a continuation of the hard collar at all times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured worker's who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to provide objective findings upon physical examination to support the necessity for an MRI. There was a lack of documentation of conservative care that was provided for the lumbar spine. Given the above, the request for MRI of the lumbar spine is not medically necessary.

**Hospital bed:** 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 of worker's Compensation , 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) Knee & Leg Chapter, DME.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a need and if the hospital device or system meets [REDACTED] definition of durable medical equipment, including can withstand repeated use, could normally be rented and used by successive patient's, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had a condition that would necessitate a hospital bed. The request as submitted failed to indicate whether the hospital bed was for rental or purchase. Given the above, the request for a hospital bed is not medically necessary.