MAXIMUS Federal Services

Case Number:	CM14-0035903		
Date Assigned:	06/23/2014	Date of Injury:	11/14/2007
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 patient is a 41-year-old female who sustained an industrial injury to the low back on 11/14/2007. She is status post lumbar microdiscectomy on 2/15/2008. She continues pain management treatment for chronic low back pain and leg pain. The patient was seen for orthopedic surgical re-evaluation on 2/7/2014. She has severe back and bilateral leg pain, left worse than right, rated 9/10. She underwent microdiscectomy in 2008, and has had ongoing back and leg pain symptoms. She continues to treatment with pain management. Previous spinal cord stimulator trial was unsuccessful, she has had various epidural injections that were also ineffective. Physical examination, neurovascular examination is intact except for mild specific sensory deficit and 5-/5 weakness in the left L5 and S1 distribution, 2+ pulses, and absent left S1 reflex. New x-rays were obtained and show good spinal alignment, there is no scoliosis, there is mild multilevel degenerative disc disease. The 12/17/2013 lumbar MRI was reviewed, which demonstrates L3-L4 DDD and mild lateral stenosis and disc desiccation, there are no specific compressive lesions. Recent EMG/NCV test of both legs was normal. Diagnoses: Lumbar herniated disc nucleus pulposus; Status post lumbar microdiscectomy February 15, 2008; and Persistent severe left leg, radicular pain/radiculopathy. The patient will continue pain management as well as ongoing treatment, including psychiatry/psychology. There are no surgical indications. According to the office visit report dated 4/15/2014, the patient was seen for follow-up regarding chronic pain. Pain is not much better or different, is rated 8.5/10, seems to radiate from surgical area in the lumbar spine into the left buttock. She has localized tenderness with palpation of the left inguinal area. She indicates she has difficulty sitting by herself. The motorized for turning sideways or sitting up suddenly by herself. Pain level 9/10. Physical examination findings include stocking hypoesthesia in the left lower extremity, difficulty walking, -4/5 lower extremity motor, unsteady gait, intact coordination. Assessment is

postlaminectomy syndrome of lumbar region, symptomatic; left inguinal pain, uncontrolled. Requests include hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Movable Bed Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12 th Edition, Web, Low Back, 2014 and Anthem Clinical UM Guideline: clinical indications: Hospital Beds.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bed Rest; Pain, Durable Medical Equipment (DME).

Decision rationale: The guidelines advise that bed rest has potential debilitative effects, most patients do not require bed rest. Bed rest may lead to a slower recovery, however staying active and attempting to maintain activity levels is recommended. According to the guidelines, studies advise against the use of bed-rest in the management of LBP, since there is a relationship between the occurrences of LBP after bed-rest. In addition, the Official Disability Guidelines state there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Furthermore, this patient does not require positioning of the body in ways not feasible with an ordinary bed. She does not require the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or aspiration. The requested movable bed is not medical in nature, and is not supported.