

Case Number:	CM14-0040676		
Date Assigned:	06/30/2014	Date of Injury:	10/09/1990
Decision Date:	09/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 68 year old female who was injured on 10/09/1990. The mechanism of injury was not specified. The injured worker complains of ongoing pain the back, neck and bilateral shoulders. The pain is associated with numbness, tingling and swelling. The injured worker's surgical history is significant for c-spine fusion in 2005 and lumbar surgery in 1995 (approximately). Records indicate the injured worker lives alone and does not demonstrate impairment with judgment, insight or memory. A clinical note dated 02/11/14, notes that the injured worker has epilepsy with breakthrough seizures with chronic anxiety and depression. This is a request for a hospital bed to allow the injured worker to adjust her back and feet in order to help alleviate the injured worker's neck back and shoulder pain. This is also a request for in home health care 7 days per week for 6-8 hours a day for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (Low Back Chapter).

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 Chapter, Mattress selection.

Decision rationale: The request for a hospital bed is not recommended as medically necessary. ACOEM and MTUS do not address the use of a hospital bed. ODG states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." As the purchase of hospital beds are not supported by evidence based guidelines, medical necessity for a hospital bed is not established.

Home Health Services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 84.

Decision rationale: The request for Home Health Services is not recommended as medically necessary. MTUS does not support the use of home health services unless the injured worker is homebound. When this is established, guidelines recommend no more than 35 hours per week. The documents submitted for review note the injured worker requires home health services at a minimum of 42 hours per week. Based on the clinical information submitted for review, medical necessity of home health services is not established.