MAXIMUS Federal Services

Case Number:	CM14-0041319		
Date Assigned:	07/02/2014	Date of Injury:	09/19/2011
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/19/11. A utilization review determination dated 3/26/14 recommends modification from a permanent hospital bed to one additional month use of a hospital bed. The patient had been using a hospital bed since 8/13 after lumbar spine fusion surgery on 6/19/13. The medical report dated 2/3/14 identifies increased low back and LLE getting up in the AM, neck pain that is shocking and sharp traveling up the neck when turning the head to the right. He fell two weeks ago due to weakness of LLE. On exam, there is tenderness, positive SLR on the left, decreased sensory left L4-S1 dermatomes, 4/5 left L4-5 myotomes, and decreased range of motion (ROM). Recommendations include continued use of orthopedic bed to aid arising from bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna's Clinical Policy Bulletin #0543.

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 Chapter, Mattress selection Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/500_599/0543.html.

Decision rationale: Regarding the request for a permanent hospital bed, the California MTUS and the ODG do not contain criteria for the purchase of a bed. The ODG does state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Aetna supports the use of hospital beds when a patient's condition: Requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed; or requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or requires 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 problems with aspiration. Pillows or wedges must have been considered. Within the documentation available for review, none of the criteria have been identified. There is no indication of the need for positioning of the body that cannot be accomplished with pillows or wedges. The provider notes that the bed assisting is the patient arising in the morning, but there is no clear rationale identifying why this cannot be done either without assistance or with the assistance of simple walking aids rather than a specialized bed. In light of the above issues, the currently requested permanent hospital bed is not medically necessary.