

Case Number:	CM14-0054394		
Date Assigned:	07/07/2014	Date of Injury:	09/14/1994
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 patient is a 84-year-old male who has submitted a claim for lumbago associated with an industrial injury date of 09/14/1994. Medical records from 06/19/2013 to 04/04/2014 were reviewed and showed that patient complained of chronic low back pain (grade not specified). The pain would become severe that it prevents the patient from walking. Physical examination revealed no tenderness upon palpation over the lumbar spine, no focal sensory deficits were noted with good bilateral lower extremity strength. Stage 2 decubitus ulcer was noted on upper buttocks, several cm in diameter with no active bleeding. Treatment to date has included previous spine surgery(type of surgery and date not made available), Morphine, Hydromorphone, Amitiza, Zofran, Diazepam, Flexeril, Gabapentin, Dilaudid, Phenerga and Pantoprazole. Utilization review dated 04/16/2014 denied the request for durable medical equipment mi, hospital bed Versa Care model VC-700 with an air mattress because the patient reported more pain and re-injury to his back and legs with use of the requested type of bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment mi, hospital bed Versa Care model VC-700 with an air mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Durable Medical Equipment The Centers for Medicare and Medicaid Services, Part B, DME, Hospital Bed.

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, Mattress Selection Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual.

Decision rationale: The CA MTUS and ODG do not specifically address the topic on hospital bed. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Medicare National Coverage Determinations Manual was used instead. It states that the criteria for a hospital bed include documentation that the patient's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Regarding the mattress, ODG states that it is not recommended to use firmness as a sole criterion. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. In this case, there was no documentation of the requirement for special attachments that cannot be fixed and used on an ordinary bed. The guidelines do not support the use of any type of mattress as treatment for low back pain as it is extremely subjective. The medical necessity for the requested hospital bed and air mattress cannot be established. Therefore, the request for Durable medical equipment mi, hospital bed Versa Care model VC-700 with an air mattress is not medically necessary.