

Case Number:	CM14-0070543		
Date Assigned:	07/14/2014	Date of Injury:	10/13/2001
Decision Date:	08/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

According to the records made available for review, this is a 51-year-old male with a 10/13/10 date of injury. At the time (4/17/14) of the Decision for Orthopedic Bed and Nutritional evaluation, there is documentation of subjective (low back and lower extremity pain) and objective (spasm and tenderness over the lumbar spine and paraspinous/paravertebral area) findings, current diagnoses (status post lumbar fusion with retained hardware, intractable lumbar pain, lumbar radiculopathy, and depression/anxiety), and treatment to date (medications (including ongoing Norco, Zanaflex and Ambien)). Medical reports identify a history of gastric bypass surgery and changes in weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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: 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 and Leg, Durable medical equipment (DME).

Decision rationale: MTUS does not address this issue. ODG supports durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medicare National Coverage Determinations Manual identifies the need for 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. Within the medical information available for review there is documentation of diagnoses of status post lumbar fusion with retained hardware, intractable lumbar pain, lumbar radiculopathy, and depression/anxiety. However, there is no documentation that that the patient's condition requires positioning of the body (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. Therefore, based on guidelines and a review of the evidence, the request for Decision for Orthopedic Bed is not medically necessary.

Nutritional evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of status post lumbar fusion with retained hardware, intractable lumbar pain, lumbar radiculopathy, and depression/anxiety. However, despite documentation of history of gastric bypass surgery and changes in weight, there is no documentation that identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Decision for Nutritional evaluation is not medically necessary.