

Case Number:	CM14-0120150		
Date Assigned:	08/06/2014	Date of Injury:	10/09/2013
Decision Date:	07/08/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 male patient who sustained an industrial injury on 10/09/2013. A follow up visit dated 01/17/2014 reported the patient with subjective complaint of having low back pain. He states that acupuncture is not really helping; neither therapy nor chiropractic. Objective findings showed six trigger points in the lumbar paraspinals, quadratus lumborum, and rhomboid. There is tenderness along the lumbar paraspinal ligaments of L2-L5 bilaterally. The diagnostic impression found the patient with L2-L5 lumbar ligament strain, recalcitrant in nature, and multiple trigger points in the lumbar spine. The plan of care noted the patient prescribed Norco and Naprosyn along with administration of bilateral lumbar paraspinal injections. A later follow up appointment dated 07/15/2014 reported subjective complaint of low back pain continues now radiating into bilateral lower extremities with associated numbness and tingling. The following diagnoses are applied: spondylosis disc herniation, central stenosis, lateral recess stenosis and neuroforaminal stenosis at L4-5 and L5-S1 with bilateral lower extremity radiculopathy. The plan of care noted the patient with recommendation to undergo an anterior-posterior fusion at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL HOSPITAL BED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BRADDOM, RL, PHYSICAL MEDICINE AND REHABILITATION REFERENCES-BRADDOM, RL, PHYSICAL MEDICINE AND REHABILITATION HOSPITAL BED, CHAPTER 25, PAGE 522.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Post op surgical guideline section page 25.

Decision rationale: The AECOM states that if artificial disc surgery is done that 18 post-op visits should be allowed over 4 months and that PT should be allowed over a 6 month time period. It also states that for surgery for intervertebral disc disorder with myelopathy 48 post-op visits should be allowed over an 18-week time interval and that PT should be allowed for a 6-month time interval. The request is for a 30-day rental of a hospital bed. However, there is no emphasis on bed rest for the post surgical rehab for back surgery. In fact, bed rest is not one of the modalities utilized in order to recover function post op. Therefore, request for a specialized hospital bed is not warranted. The UR was correct in its rejection of this request. The request is not medically necessary.