

Case Number:	CM14-0138528		
Date Assigned:	09/05/2014	Date of Injury:	11/13/2012
Decision Date:	12/03/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male with a date of injury on 11-13-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain. Progress report dated 7-10-14 reports good results from his cervical epidural with decreased pain in the thumb and index fingers. He states having increased numbness and tingling in the left thumb, index and dorsum on the left wrist. He performs daily exercises and has no upper right extremity symptoms. Objective findings: tender mid-line C5-6-7, range of motion flexion 20 degrees, extension 10 degrees, 2 plus upper extremity reflexes and slight weakness of the first dorsal interosseus on the left side. X-ray cervical spine 10-8-13 revealed multilevel degenerative changes from C3-C7 with variable anterior hypertrophic changes, spondylolisthesis, discopathy and neuroforaminal stenosis. Request for authorization dated 8-14-14 was made for Hospital Bed (rental or purchase not specified for date of service 08/18/2014). Utilization review dated 8-21-14 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed (rental or purchase not specified for date of service 08/18/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, 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) Low Back section, Mattress selection.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a medical bed. ODG Low Back section, Mattress selection, states that there are no high quality studies to support the purchase or rental of any type of specialized mattress or bedding as a treatment of low back pain. The guideline does not support the request. Therefore, the request for a medical bed is not medically necessary and appropriate.