MAXIMUS Federal Services

Case Number:	CM14-0186535		
Date Assigned:	11/14/2014	Date of Injury:	03/11/2004
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Bed, 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 44 year old injured worker (IW) sustained an industrial injury in 3/11/2004 sustaining a back injury, facial burns and damage to the eyes and teeth. Diagnoses include a chemical burn to the right eye, injury to the lumbar spine, and decreased range of motion of the lumbar spine. The IW has facial burns with scarring and is status post multiple skin operations. A left eye revision operation was done on 04/11/2013. The IW experiences a permanent lack of tears and dry eyes. Current medications include Norflex 100 mg twice daily for spasm, Tramadol 50 mg every 12 hours as needed for pain, and an analgesic balm. On 04/16/2014, a prescription was written for an orthopedic bed. Diagnoses at that date were for a sprain of the neck, and sprain of the lumbar region. A request for authorization was submitted on 10/21/2014 for an orthopedic bed. Diagnostic studies of MRI was requested and referenced in the UR report as having been done on 10/2/2014, as is a lumbar epidural given 10/03/2014. Neither report is included in the case file but according to the UR report the claimant continues to have pain in the low back and right leg with decreased range of motion and lumbar spasm. The Utilization Review (UR) dated 11/28/2014 Non-certified the request for an orthopedic bed. There was limited evidence of the need for special attachments, positioning, and or a medical condition with red flag signs that necessitate an orthopedic bed. Medical necessity was not supported by clinical documentation or evidence based medical guideline

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Orthopedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletins, Number: 0543, Subject: Hospital Beds and Accessories Policy

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

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.