MAXIMUS Federal Services

Case Number:	CM14-0210956		
Date Assigned:	12/23/2014	Date of Injury:	06/02/2010
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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 Rehab, 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 patient sustained an injury on 6/2/10 while employed by [redacted] Request(s) under consideration include [redacted] Diagnoses include s/p lumbar fusion at L4-5 in August 2011. The patient continues to treat for chronic ongoing pain symptoms in the low back and bilateral knees. Requests for lumbar hardware removal were denied in May and June 2013 on appeal; however, it was noted the patient underwent this procedure on 10/11/13. Report of 11/24/14 from the provider noted continued low back complaints radiating into the buttocks and upper thigh. Exam showed unchanged findings without tenderness at lumbar spine or noted neurological deficits identified. Treatment included TENS unit, pain medication, lumbar back brace, and [redacted] The request(s) for [redacted] was non-certified on 12/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Ortho Mattress, pages 459-460.

Decision rationale: This patient sustained an injury on 6/2/10 while employed by [redacted] Request(s) under consideration include [redacted] Diagnoses include s/p lumbar fusion at L4-5 in August 2011. The patient continues to treat for chronic ongoing pain symptoms in the low back and bilateral knees. Requests for lumbar hardware removal were denied in May and June 2013 on appeal; however, it was noted the patient underwent this procedure on 10/11/13. Report of 11/24/14 from the provider noted continued low back complaints radiating into the buttocks and upper thigh. Exam showed unchanged findings without tenderness at lumbar spine or noted neurological deficits identified. Treatment included TENS unit, pain medication, lumbar back brace, and [redacted]. The request(s) for [redacted] was non-certified on 12/10/14. MTUS/ACOEM Guidelines do not address specialized bed or orthopedic mattress. ODG does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized bed/mattresses for spinal injuries. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. The patient is s/p lumbar surgery without reported post-operative complications, extenuation circumstances, or co-morbidities to support for the request beyond guidelines criteria. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for specialized bed. Per Medicare criteria for hospital bed coverage, a bed may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The [redacted] is not medically necessary and appropriate.