

Case Number:	CM15-0100869		
Date Assigned:	06/03/2015	Date of Injury:	09/04/2012
Decision Date:	07/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial injury on September 4, 2012. He has reported back injuries and has been diagnosed with displacement of lumbar intervertebral disc without myelopathy, unspecified pre-operative examination, and unspecified neuralgia, neuritis, radiculitis. Treatment has included medical imaging, physical therapy, surgery, and medications. Physical examination noted painful range of motion to the lumbar spine with reduced range of motion to the lumbar spine. Extremities showed no clubbing, cyanosis, or edema. The treatment request included a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) hospital bed (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, Mattress Selection Aetna.com regarding Hospital beds.

Decision rationale: The patient presents with low back pain. The request is for durable medical equipment (DME) hospital bed (lumbar spine). The request for authorization is not provided. The patient is status-post lower back L4 fusion, 2003. Status-post lumbar discectomy with interbody fusion, 04/21/15. MRI of the lumbar spine, date unspecified, shows discopathy at the L4-L5 level with a 4 mm to 5 mm broad-based herniation as well as area of high signal intensity within the L4-L5 level. There is moderate facet arthritis with mid-to-moderate bilateral neuroforaminal narrowing. Physical examination of the lumbar spine reveals focally tender at the lumbosacral junction at the prior incision site. Painful and reduced range of motion. Patient had a facet injection that helped approximately 30% to 40% of his pain. Patient's medications include Norco and Naproxen. Per progress report date 03/11/15, the patient to remain off work. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." (McInnes, 2011) Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient 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 the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. Treater does not discuss the request. In this case, the patient presents with low back pain and is status-post lumbar discectomy with interbody fusion on 04/21/15. However, ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." And post-operative need for a hospital bed is not discussed in ODG or other guidelines. Additionally, there is no mention of pressure ulcers that would warrant a special support surface. In addition, there is no documentation that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. The request does not meet any guideline criteria. Therefore, the request is not medically necessary.