

<b>Case Number:</b>	CM15-0131378		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 56-year-old male patient, who sustained an industrial injury on September 14, 2011. The diagnoses include cervical radiculopathy with neuritis not otherwise specified, peripheral neuropathy, left ulnar neuropathy, bilateral lateral and medial epicondylitis, bilateral low back pain with radiculopathy to the bilateral lower extremities, displacement of disc without myelopathy, likely right greater than left cubital tunnel syndrome, and neck pain. Per the progress note dated May 19, 2015, he had complaints of back pain that radiates to the legs and complaints of stabbing, numbing pain to the neck and arms. Examination revealed tenderness to the cervical paraspinal muscles, paresthesias to the left thumb and middle fingers, and a slightly decreased sensation to the bilateral forearms. He had pain at 6 to 7 out of 10 without use of his medication regimen and at 5 to 6 out of 10 with the use of his medication regimen. The medications list includes percocet, cialis, dilaudid and baclofen. He has undergone anterior cervical discectomy and fusion, cervical six through seven foraminotomies on 8/19/14, lumbar five to sacral one lateral lumbar interbody fusion; left cubital tunnel release/left lateral epicondyle debridement on 12/12/14. He has had x-rays of the cervical spine and an electromyogram with nerve conduction study dated 4/10/15 which revealed left ulnar neuropathy at elbow. He has had cervical epidural steroid injections, trial of a spinal cord stimulator and physical/occupational therapy visits for this injury. The treating physician requested the rental of a hospital bed rental for four to six months for the cervical spine, but the documentation did not indicate the specific reason for the requested equipment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital bed rental for four to six months (cervical spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 (updated 07/17/15) Mattress selection.

**Decision rationale:** Hospital bed rental for four to six months (cervical spine) CA MTUS and ACOEM do not address this request. Per the ODG guidelines "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." Therefore there is no high grade scientific evidence to support the use of a special mattress/bed for back pain. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. The hospital bed rental for four to six months (cervical spine) is not medically necessary for this patient.