

Case Number:	CM15-0140739		
Date Assigned:	07/30/2015	Date of Injury:	03/01/2000
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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 65 year old male, who sustained an industrial injury on 3-1-2000. Initial complaint was of cumulative type injury to low back with leg symptoms. The injured worker was diagnosed as having lumbar disc disease; lumbosacral arthritis; lumbar disc herniation. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 7-7-15 are hand written. These notes indicated the injured worker complains of low back pain and stiffness especially in early mornings. He takes medications which are helpful. He gets broken sleep and his mattress is non-supportive of his lower back. He is prescribed Ultracet and Baclofen. The treatment plan includes a request for an adjustable hospital bed with a medium firm mattress for a trial one month rental. The provider is requesting authorization of One month trial adjustable hospital bed with medium firmness rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month trial adjustable hospital bed with medium firmness rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?Official Disability Guidelines, Low Back \(updated 05/15/15\)](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?Official%20Disability%20Guidelines,%20Low%20Back%20(updated%2005/15/15)) - Online Version.

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 - Lumbar & Thoracic Chapter, under Mattress Selection and Other Medical Treatment Guidelines Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories.

Decision rationale: The patient presents on 07/07/15 with lower back pain and stiffness which is worst in the early morning. The patient's date of injury is 03/01/00. The request is for ONE MONTH TRIAL ADJUSTABLE HOSPITAL BED WITH MEDIUM FIRMNESS RENTAL. The RFA was not provided. Progress note dated 07/07/15 is handwritten and illegible in some portions, the physical examination findings are poorly scanned and illegible. Recent pertinent imaging was not provided. The patient is currently prescribed Ultracet and Baclofen. Patient is currently retired. 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." Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories states: "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." In regard to the request for a one month rental of a hospital bed, this patient does not meet guideline criteria. This patient presents with otherwise uncomplicated lower back pain, there is no evidence in the records provided that this patient is bedridden, suffers from contractures, pressure ulcers, or complains of respiratory illnesses. Per progress note dated 07/07/15, the provider states: "Gets broken sleep. His mattress is non-supportive of his lower back." While this patient does present with chronic intractable pain, ODG and Aetna guidelines do not support the issuance of hospital beds in cases where poor sleep quality/comfort is the only complaint. Without evidence of a legitimate medical need, such as paralysis, pressure ulcers, or respiratory illnesses requiring specialized bedding, the request cannot be substantiated. The request IS NOT medically necessary.