

<b>Case Number:</b>	CM15-0147623		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 6-11-13 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy; lumbar disc disease; cervical disk herniation; cervicgia; spasm of muscle; long-term use of medications; encounter for therapeutic drug monitoring. Treatment to date has included status post lumbar L4-L5 decompression and microdiscectomy (1-17-03); status post lumbar L2-3 and L3-4 hemilaminectomy and foraminotomy (3-2010); physical therapy; occupational therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (6-17-13); MRI cervical spine (10/21/13). Currently, the PR-2 notes dated 7-2-15 indicated the injured worker complains of lower back pain. He reports to this provider that he has been having problems getting out of bed due to his pain and weakness. He often urinates in his bed as he cannot get up from the bed. He reports medications do help his pain and function He is able to walk, shop and do activities of daily living. He is on a low dose of Norco and has agreed to maintain the same does and only increase his Tramadol. His pain is reported as 6 out of 10 on the pain scale. He complains of low back pain that radiates down the left leg and ankle with numbness. He is unable to turn his neck without significant pain. He has a prior low back industrial injury in 1988 as well as a nonindustrial injury in 2009. He is a status post decompression L4-5 and left L4-5 microdiscectomy of 1-7-03 and a L2-3 L3-4 hemilaminectomy and foraminotomy. He has three right knee surgeries in 1988 as an industrial injury and a left knee replacement in 2007 from a ski accident. The provider documents a physical examination. His treatment plan includes refills for Gabapentin and stopping Norco on

this visit. He is requesting a hospital bed to facilitate getting out of bed easier. He has instructed him on home exercise and lessening the need for more pain medications. The provider is requesting authorization of an adjustable hospital bed for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Durable medical equipment (DME) adjustable hospital bed (lumbar 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-TWC), Knee - Durable Medical Equipment.

**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 chapter and pg 64.

**Decision rationale:** According to the 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. In this case, the request for a specialty mattress was to ease getting out of bed. However, there is no indication that the claimant cannot receive help from family or other devices such as a trapeze or bar, etc. As a result, the request is not substantiated and not medically necessary.