

Case Number:	CM15-0180798		
Date Assigned:	09/22/2015	Date of Injury:	05/07/2003
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 56 year old male, who sustained an industrial injury on 5-7-2003. Medical records indicate the worker is undergoing treatment for cervical degenerative joint disease, status post anterior cervical discectomy and fusion, cervical neural foraminotomy and cervical laminoplasty. A recent progress report dated 8-26-2015, reported the injured worker complained of cervical pain rated 4-8 out of 10 that radiates down the arms with numbness and tingling. He also reports difficulty sleeping. Physical examination revealed painful cervical 5, 6, 7 and pain at the bilateral posterior cervical muscles and bilateral trapezius. Treatment to date has included multiple surgeries, physical therapy, epidural steroid injection and medication management. The Request for Authorization requested 1 Purchase Or Rental of an Orthopedic Bed. On 9-4-2015, the Utilization Review non-certified the request for 1 Purchase Or Rental of an Orthopedic Bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase Or Rental of an Orthopedic Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

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 ██████ guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories.

Decision rationale: The patient presents with constant neck pain radiating down the arms rated 4-8/10. The request is for 1 purchase or rental of an orthopedic bed. The request for authorization is not provided. Physical examination of the cervical spine reveals scar is healed front and back. Patient reports pain and numbness radiating down his right arm. Patient also reports pain at C5, C6, C7, bilateral posterior cervical muscle and bilateral trapezius. Patient's medications include Neurontin, Percocet, and Voltaren Gel. Per progress report dated 08/31/15, the patient to remain off-work. MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment, which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "Not recommended to use firmness as sole criteria. 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)" ██████ guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories 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 continues with neck pain radiating to lower extremities. ODG supports specialized mattress for pressure ulcers designed to redistribute pressure. However, there is no mention of pressure ulcers in provided medical records that would warrant a special support surface. Additionally, treater has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by ██████ guidelines. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.