MAXIMUS Federal Services

Case Number:	CM15-0187806		
Date Assigned:	09/29/2015	Date of Injury:	02/05/1996
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii
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 74-year-old male who sustained industrial injuries 2-5-1996. Diagnoses have included neuralgia, radiculitis; cervicalgia, neck pain; low back pain, arthritis, and chronic pain syndrome. Documented treatment includes "triple fusion implant back surgery" in 2006, "neck surgery" in 2003, he started using a TENS unit 8-4-2015, and he presently takes Gabapentin at bedtime, and Metaxalone for cramps. Recent medical records provided do not contain information about other previous treatments or progression of symptoms. The injured worker continues to present with low back and neck pain, and pain in all extremities. He states he has had leg cramping since having back surgery in 2006, and when he gets up from sitting or after activity, he experiences muscle spasms and weakness. Neck and back pain "worsens when he sleeps wrong" and in order to sleep he reports having to raise his lower extremities and recline slightly. He reports that during the day he "never lies down due to pain." Examination 6-15-2015 revealed symptoms "consistent with classical neuralgia of his neck, back, and leg pain." He reported pain level at this visit as 2 out of 10. Deep tendon reflexes scored 0 in the right patella and Achilles bilaterally. The treating physician's plan of care includes integrative pain management and physical rehabilitation. A request submitted 9-15-2015 for a hospital bed, which was denied on 9-18-2015. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), Mattress Selection (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Hospital beds.

Decision rationale: The patient presents with low back and neck pain, and pain in all extremities. The current request is for a hospital. The treating physician states, in a report dated 09/15/15, Due to chronic neck and back pain will request hospital bed for patient. (22B) The MTUS and ODG guidelines are silent on hospital beds. AETNA guidelines state, Aetna considers hospital beds medically necessary DME for members who meet any of the following criteria: 1. The member's 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 2. The member 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. Pillows or wedges must have been considered; or 3. The member's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. A hospital bed is one with manual head and leg elevation adjustments. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. In this case, the treating physician, based on the records available for review, states A DME is used for medical purposes, which in this case the bed is being requested to improve low back and neck pain. As such, a hospital bed meets the criteria. (22B) However, the treating physician has not failed to document any of the three criteria listed above, nor has the treating physician demonstrated the medical necessity for a hospital bed as opposed to just a mattress. The current request is not medically necessary.