

Case Number:	CM15-0217210		
Date Assigned:	11/06/2015	Date of Injury:	01/23/2009
Decision Date:	12/28/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/04/2015

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 50 year old female who sustained an industrial injury on 1-23-09. She is temporarily totally disabled. Medical records indicate that the injured worker has been treated for bilateral carpal tunnel syndrome; major depressive disorder; migraine without aura; chronic pain syndrome; cervicgia; cramp and spasm; cervical disc disease without myelopathy; cervical spondylosis with myelopathy; lesion of ulnar nerve; acquired spondylolisthesis. She currently (10-16-15) complains of soreness, tightness and popping in her neck and shoulders. She has had constant headaches with nausea and vomiting for the past 4 weeks. She has sleep difficulties. Her pain level was 6 out of 10 with medication and 10 out of 10 without medication. She cannot comfortably sit, walk or stand. She is to undergo a posterior fusion. Diagnostics include cervical spine x-ray (7-2-15) showing suspicion for loosening of prosthesis at C4-5 or infection, bilateral ramal stenosis at C4-5; MRI of cervical spine (7-2-15) minor spondylosis at C5-6. Treatments to date include medication: Neurontin, Norco, Phenergan, Restoril, tizanidine, Zomig; status post arthroplasty with fusion of cervical spine; lumbar spinal fusion 2001; global graft fusion of the lumbar spine. The request for authorization was not present. On 10-22-15 utilization Review non-certified the request for 1 hospital bed rental, for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed rental for 1 month: 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), Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under DME.

Decision rationale: The patient presents with intense neck pain and headaches. The request is for Hospital bed rental for 1 month. The request for authorization form is not provided. X-ray of the cervical spine, 07/02/15, shows apparent developing lucency around prosthesis at C4-5; suspicious for loosening and/or infection; bilateral ramal stenosis at C4-5. MRI of the cervical spine, 07/02/15, shows minor spondylosis at C5-6 without definite cord compression; the neural foramina are not well seen; limited examination due to susceptibility artifact particularly from prosthetic disc at C4-5. Patient's diagnoses include major depressive disorder, single episode, unspecified; migraine without aura, not intractable, without status migrainous; chronic pain syndrome; cervicgia; cramp and spasm. Physical examination of the cervical spine reveals hypersensitivity to light touch across left trapezius. Moderate tenderness to palpation of C1-7 paraspinal tenderness with visible and palpable left paraspinal and trapezius spasm bilateral, left greater than right. Severe tenderness to palpation bilateral occipital process. Reduced neck range of motion. The patient noted that she is approved for pre-op labs and EKG. Patient's medications include Ativan, Lasix, Neurontin, Norco, Phenergan, Restoril, Tizanidine, and Zomig. Per progress report dated 10/16/15, the patient is TTD. MTUS, ACOEM and ODG are silent regarding hospital beds. Regarding hospital bed, [REDACTED] guidelines 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. ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) DME is Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Treater does not discuss the request. 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 patient does not require any positioning of the body, the head does not need to be lifted, and no special attachment requirement is present. Additionally, there is no mention of pressure ulcers that would warrant a special support surface. And there is no documentation that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by [REDACTED] guidelines. Furthermore, ODG discusses criteria for durable medical equipment, which is something that is primarily and customarily used to serve a medical purpose. In this request, the Hospital Bed is not primarily and customarily used for medical purpose. Therefore, the request IS NOT medically necessary.