

Case Number:	CM15-0218661		
Date Assigned:	11/10/2015	Date of Injury:	11/18/2004
Decision Date:	12/29/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 52 year old male who sustained an industrial injury on 11-18-04. Medical records indicate that the injured worker has been treated for L2-3 fracture; spinal stenosis; kyphosis; disc disorder; mood disorder; gastroesophageal reflux disease; post-operative anemia; heavy alcohol abuse. He currently (10-15-15) has post-operative pain but it was controlled. On 10-16-15 discharged home with home health and care giver and physical therapy, occupational therapy and hospital bed were arranged by discharge planning. Treatments to date include status post T10-L5 posterior spinal instrumentation (10-6-15); status post L3-S1 anterior posterior fusion; medications: (pre-operative): gabapentin, Prilosec, Cymbalta, nortriptyline, Dilaudid. The request for authorization was not present. On 10-22-15 Utilization Review non-certified the request for a hospital bed, modified to a 30 day rental to alleviate pain and maintain proper positioning.

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 URL [www.cms.gov/medicare-coverage-database].

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, bed and mattress.

Decision rationale: ODG guidelines do not support that there are any high quality study to support the purchase of any type of specialized bed for the treatment of low back pain. ODG guidelines support that a special mattress may be considered for treatment of pressure ulcers, but an adjustable bed does not fall in that category. The medical records provided for review do not indicate a pressure ulcer and does not indicate physical exam findings such as weakness or loss of function in an upper extremity to support need for an adjustable bed for the insured to enter or rise from the bed. As such the request is not medically necessary.