

<b>Case Number:</b>	CM15-0034123		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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

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 35 year old male injured worker suffered and industrial injury on 5/31/2011. The diagnoses were lumbar arthrodesis, lumbar laminectomy and bilateral lumbar radiculopathy. The diagnostic study was electromyography. The treatments were lumbar global arthrodesis 12/15/2014, medications and four wheeled walker. The treating provider reported reduced range of motion, impaired gait, reduced sensation and weakness. The Utilization Review Determination on 1/28/2015 non-certified Hospital bed rental with air mattress retrospective, citing Aetna Clinical Policy Bulletin: Hospital beds and accessories.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital bed rental with air mattress retrospective:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Hospital beds and accessories.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back chapter,

Mattress selection, Knee & Leg Chapter, Under Durable Medical Equipment, hospital bed, Aetna guidelines.

**Decision rationale:** The patient presents with pain and weakness in his lower back and right lower extremity. The patient is s/p L4-5, L5-S1 global arthrodesis on 12/15/14. The request is for HOSPITAL BED RENTAL WITH AIR MATTRESS RETROSPECTAIVE. Work statue is not known. MTUS and ACOEM are silent on beds. ODG does provide some guidance in the Low Back chapter, Mattress selection, that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG 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. Regarding hospital bed, Aetna 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. In this case, the treater does not explain as to why hospital bed with air mattress being requested. There is lack of support from the guidelines for purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request IS NOT medically necessary.