

Case Number:	CM15-0052620		
Date Assigned:	03/26/2015	Date of Injury:	04/15/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male, who sustained a work/ industrial injury on 4/15/14. He has reported initial symptoms of right leg pain and back pain. The injured worker was diagnosed as having degeneration of the lumbar/lumbosacral intervertebral disc (with prior L4-S1 fusion surgery). Treatments to date included medication, physical therapy, acupuncture, and multiple injections. Magnetic Resonance Imaging (MRI) was performed on 5/3/14. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 11/21/14. X-rays were performed on 4/22/14; 4/29/14. CT myelogram of lumbar spine was performed on 6/27/14. Currently, the injured worker complains of significant back pain and leg pain with shooting arm pain down the left elbow. The treating physician's report (PR-2) from 2/5/15 indicated refill of pain medication, translaminar epidural injection, referral to a pain management specialist and additional surgical intervention. Plan was for fusion surgery at L3-4 and removal of hardware on 3/11/15. Treatment plan included durable medical equipment rental-bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Rental -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 Treatment Index, Knee and Leg-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 (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: The injured worker sustained a work related injury on 4/15/14. The medical records provided indicate the diagnosis of degeneration of the lumbar/lumbosacral intervertebral disc (with prior L4--S1 fusion surgery. Treatments have included medication, physical therapy, acupuncture, and multiple injections. The medical records provided for review do not indicate a medical necessity for Durable Medical Equipment Rental -Bed. The MTUS is silent on durable medical equipment. However, a bed does not meet the Official Disability Guidelines criteria for Durable medical equipment. These include is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. Therefore, this request is not medically necessary.