

<b>Case Number:</b>	CM15-0060709		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 58 year old female patient who sustained an industrial injury on 10/02/2013. Prior diagnostic testing to include: magnetic resonance imaging, electrodiagnostic nerve conduction study. Previous treatment to include: physical therapy, bilateral transforaminal injections, and pain management. A primary treating office visit dated 02/18/2015 reported chief complaint of pain that radiates from low back, ongoing neck pain with bilateral arm radiculopathy. The patient is noted 5 weeks status post L5-S1 bilateral discectomy. She continues to improve in symptom. Currently taking Gabapentin 300 mg at HS and 100mg during the day which is helping with right leg pain. There is still pain that radiates down from low back to right buttock, posterior thigh and calf with associated numbness. She is tearful and depressed. Of note, prior recommendation for home traction unit, pending. Also recommending an extension of hospital bed for home use, pending. She continues to be managed by pain group and is prescribed Opana ER, Opana IR, Valium 10mg, Oxybutin, Soma, Gabapentin, along with Ibuprofen 800mg. Her prior surgical history consists of: left knee twice in 2009, 2010. Bilateral carpal tunnel and L5-S1 bilateral discectomy 01/12/2015. She is diagnosed with spinal stenosis lumbar; lumbar herniated disc, and cervical disc displacement without myelopathy. The plan of care involved return for follow up in 5 weeks, recommendation for Cymbalta, physical therapy initiation and follow up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital Bed (Extension For One Month): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The patient is currently 5 weeks postoperative at time of request. The patient is not bed bound and there is no other clinical documentation provided which would necessitate the continued use of a hospital bed. Therefore the request is not medically necessary.

**Saunders Cervical Traction Unit (home use): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines: Traction (mechanical).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, traction units.

**Decision rationale:** The California MTUS does not specifically address the requested service. Per the official disability guidelines, traction as a sole treatment has not proven effective for lasting relief in the treatment of low back pain or neck pain. The evidence is moderate for home based patient controlled traction compared to placebo. Based on the above recommendations, the request is not medically necessary and has not been met per guidelines.