

Case Number:	CM15-0086140		
Date Assigned:	05/08/2015	Date of Injury:	07/04/1992
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 64-year-old male, who sustained an industrial injury, July 4, 1992. The injured worker previously received the following treatments MSIR, Oxycontin, Norco, daily stretching and walking. The injured worker was diagnosed with lumbar facet arthropathy, depression, and insomnia, sciatica with piriformis syndrome, lumbar spine radiculopathy, and diffuse myofascial spasms throughout the back, diffuse generalized deconditioning and foot drop L5 radiculopathy. According to progress note of March 31, 2015, the injured workers chief complaint was persistent low mid back pain. The injured worker was stretching and walking daily. The injured worker related the bed as part of the back pain, the bed was broken. The injured worker relates that medications help manage the pain and improve function. The physical exam noted tenderness with palpation in the lumbar spine, sacroiliac joint, piriformis muscle, lumborum and myofascial spasms with flexion and extension. There was extension tenderness with e palpation in the lumbar spine, sacroiliac joint and lumborum. The treatment plan included one therapeutic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 New therapeutic 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, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 64-year-old male with an injury on 07/04/1992. He had lumbar radiculopathy, diffuse back myofascial spasms, deconditioning, depression and L5 foot drop. The lumbar spine is tender on palpation. Neither ODG nor MTUS, ACOEM mention a therapeutic bed as a medical treatment. There is no objective documentation that the use of a therapeutic bed would improve the long-term health outcome. It is not medically necessary.