

Case Number:	CM15-0089207		
Date Assigned:	05/13/2015	Date of Injury:	06/28/2009
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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 injured worker is a 71-year-old, female who sustained a work related injury on 6/28/09. The diagnoses have included lumbar facet arthropathy, lumbar radiculopathy, lumbar stenosis, cervical radiculopathy and cervical strain. The treatments have included medications and use of a four-prong cane. In the PR-2 dated 3/27/15, the injured worker complains of severe flare up pain in both hands. She complains of neck pain that radiates down the mid scapular region. She rates the pain level an 8/10 with medications and 10/10 without medication. She also complains of low back pain. She rates this pain level at an 8-9/10 with medications and 10/10 without medications. On physical examination, she has tenderness/spasms of paracervical musculature and over interscapular space. She has tenderness over lumbar paravertebral musculature. The treatment plan is a request for authorization for an orthopedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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 (ODG), Low back procedure summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Ortho Mattress, pages 459-460.

Decision rationale: Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for specialized bed. Per Medicare criteria for hospital bed coverage, a bed may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. MTUS/ ACOEM Guidelines do not address orthopedic mattress; however, ODG does not recommend specialized mattresses for spinal injuries especially for unchanged chronic spinal pain, acute new injury, or progressive neurological deterioration. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The Orthopedic bed is not medically necessary and appropriate.