

Case Number:	CM13-0052913		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2002
Decision Date:	03/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported an injury on 09/26/2002. The patient is diagnosed with intractable pain, painful hardware, and failed back surgery syndrome. The latest physician progress report was submitted on 12/28/2013 by [REDACTED]. The patient reported intractable lower back pain. Physical examination revealed tenderness to palpation over the spinal cord stimulator battery, decreased strength, and impaired ambulation. Treatment recommendations included removal of a spinal cord stimulator, a psychiatric consultation, a motorized scooter, a pain management referral, and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a reclining 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).

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 Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's

definition of durable medical equipment. Medical conditions that result in physical limitations for patients may require patient education and modification to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. As per the documentation submitted, the patient does report poor sleep quality secondary to medications. The patient has continuously reported lower back pain with stiffness and diminished range of motion. However, the medical necessity for the requested durable medical equipment has not been established. Therefore, the request cannot be determined as medically appropriate. As such, the request for the purchase of a reclining bed is non-certified.