

Case Number:	CM14-0141841		
Date Assigned:	09/10/2014	Date of Injury:	09/30/2007
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 51-year-old male was reportedly injured on 9/30/2007. The claimant underwent an anterior cervical discectomy and fusion at C5-C7 on 6/15/2012. The most recent progress notes, dated 2/4/2014 and 3/3/2014, indicated that there were ongoing complaints of low back pain with extension into the lower extremities. Physical examination demonstrated tenderness from the mid to distal lumbar segments, pain with terminal motion, paravertebral spasms, seated nerve root test positive, diminished sensation in the lateral thigh, anterolateral and posterior leg as well as the foot and in a clear cut L5 and S1 dermatome pattern. Motor strength weakness was with 4 strength of the EHL and no greater than 3+ to 4-strength of the ankle flexors and L5 and S1 innervated muscles. An MRI of the lumbar spine dated 11/12/2013 demonstrated significant modic endplate changes, complete obliteration of the disk space, 3 mm to 4 mm posterior disk protrusions and bilateral foraminal narrowing at L4-L5 and L5-S1. Plain radiographs of the lumbar spine with flexion and extension views demonstrated disk space height collapse at L5-S1 with retrolisthesis and instability, and similar findings at a lesser extent at L4-L5. Previous treatment included physical therapy, chiropractic treatment, epidural steroid injections and medications. A lumbar decompression, instrumentation, and fusion at L4-L5 and L5-S1 were recommended and have received a partial certification. A request had been made for a hospital bed with egg-crate mattress (rental or purchase), which was not certified in the utilization review on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed with egg crate mattress (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletins Number: 0543 Subject: Hospital Beds and Accessories Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.CMS.gov/Medicare-coverage-database/ - Manual Section #280.7 (Hospital Beds).

Decision rationale: The CMS supports durable medical equipment to include hospital beds for certain patients and conditions. The CMS requirements for coverage includes the patient's condition requires positioning of body, to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible on an ordinary bed; or the patient's condition requires special attachments that cannot be fixed or used on an ordinary bed. Review of the available medical records documents that a lumbar decompression/instrumentation was recommended; however, there is no supporting documentation to meet the criteria for a home hospital bed. Furthermore, there is no documentation as to why the claimant cannot be transferred to a rehabilitation facility after surgery. Given the lack of documentation to meet the CMS requirements for coverage, this request is not considered medically necessary.