

<b>Case Number:</b>	CM14-0152915		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Orthopedic Surgery 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 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:

This is a 54 year old claimant with an industrial injury reported on 7/21/03. An exam note of 9/4/14 demonstrates report of recent spinal cord stimulator removal. The patient is reported to being doing well with mild incisional pain. There is no evidence of fevers, chills or drainage from the incision. Report states that the patient has numbness in the thigh but is improving. Objective findings demonstrate bilateral tibialis anterior and quadriceps weakness graded as 4/5. Decreased sensation is noted in the anterolateral aspect of the thighs. Diagnosis is lumbago and status post spinal cord stimulator removal. Request is made for 1 Bed rental for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bed rental for 2 months:** 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 Official Disability Guidelines (ODG) Low Back section, Mattress selection

**Decision rationale:** The ODG states that there are no high quality studies to support the purchase or rental of any type of specialized mattress or bedding as a treatment of low back pain.

The ODG does not support the request. Therefore the request for a medical bed is not medically necessary and appropriate.