

Case Number:	CM15-0125030		
Date Assigned:	07/09/2015	Date of Injury:	06/18/1998
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 6/18/1998. He reported injuries to his bilateral knees and back due to falling. Diagnoses have included myalgia and myositis and post-laminectomy syndrome of the lumbar region. Treatment to date has included physical therapy, pool therapy, acupuncture, spinal cord stimulator and medication. According to the progress report dated 5/28/2015, the injured worker complained of constant, aching pain in the low back and the left leg, including the left foot and the right anterolateral thigh. He reported numbness and tingling in the left leg. He complained of aching pain in the left knee with cold. He reported burning pain in both feet. He rated his pain as 5/10. He reported 70% relief of pain with his medications. The injured worker required a wheelchair. He was able to walk three steps. His body was tilted to the left. His gait was short, unsteady and antalgic. Extension of the knees in the sitting position caused pain in the back. The injured worker reportedly had difficulty turning in bed and getting in and out of bed. Authorization was requested for a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital 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): Mattress selection. (2015).

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, lumbat and thoracic (acute and chronic): mattress selection, 2015.

Decision rationale: The request is for a hospital bed in a patient with chronic low back pain (LBP). CA MTUS does not provide recommendations concerning hospital beds. MTUS, ODG and National Clearinghouse Guidelines do not reference guidelines that address the need for a hospital bed in patients with low back pain. There are no high quality studies that support the purchase of any type of specialized bedding or mattresses as treatment for LBP. A patient with pressure ulcers, however, may be treated with special support surfaces. Review of the medical records in this case does not reveal any problems with pressure ulcers. Therefore the request for a hospital bed is deemed not medically necessary.