

Case Number:	CM15-0040237		
Date Assigned:	03/10/2015	Date of Injury:	11/24/1999
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 71 year old male, who sustained an industrial injury on 11/24/1999. The mechanism of injury was not provided for review. The injured worker was diagnosed as having severe chronic lumbar sprain/strain with bilateral lower extremities radiculopathy, complex regional pain syndrome of the bilateral lower extremities and placement of intrathecal pump. Treatment to date has included intrathecal medication infusion, physical therapy and medication management. Currently, a progress note from the treating provider dated 2/3/2015 indicates the injured worker reported chronic low back pain that radiates to the bilateral lower extremities and thoracic area.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. This patient has had the use of a hospital bed already. The request is for a new hospital bed because the mattress was greater than 4 years old and worn. There is no explanation why a whole new hospital bed would be necessary versus simply a new mattress. Therefore, the request is not certified.