

Case Number:	CM15-0099462		
Date Assigned:	06/01/2015	Date of Injury:	05/14/2008
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male with an industrial injury dated 5/14/2008. The injured worker's diagnoses include chronic pain syndrome, lumbago, sciatica and postsurgical arthrodesis status. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 9/29/2014, the injured worker reported low back pain with radicular symptoms down the right leg. According the operative report dated 10/28/2014, the injured worker underwent right sacroiliac (SI) fusion with instrumentation and removal of L5-S1 hardware on 10/28/2014. In the progress note dated 3/17/2015, the injured worker reported shooting pain in back. The injured worker also reported improvement in sleep with prescribed medication. The injured worker rated pain a 4-5/10 with medications and a 7/10 without medications. Objective findings revealed tenderness over the L5-S1 facet regions, marked positive complaints of pain with facet loading, bilaterally and tenderness to palpitation of right anterior hip joint. The treating physician prescribed services for rental of hospital bed from 11/2014 to 3/2015, per 04/03/15 order quantity: 1, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of hospital bed from 11/2014 to 3/2015, per 04/03/15 order qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&DocID=28>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, Mattress Selection hospital bed, Aetna guidelines.

Decision rationale: Based on the 03/17/15 progress report provided by treating physician, the patient presents with back pain rated 4-5/10 with and 7/10 without medications. The patient is status post right sacroiliac (SI) fusion with instrumentation and removal of L5-S1 hardware on 10/28/2014, per operative report. The request is for RENTAL OF HOSPITAL BED FROM 11/2014 TO 3/2015, PER 04/03/15 ORDER QTY: 1. RFA not provided. Patient's diagnosis on 03/17/15 included postsurgical arthrodesis status, lumbago, sciatica, and chronic pain syndrome. Physical examination on 03/17/15 revealed tenderness over the L5-S1 facet regions, marked positive complaints of pain with facet loading, bilaterally and tenderness to palpitation of right anterior hip joint. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Patient's medications included Terocin patch, Butrans and Norco. The patient may return to modified duty, per 03/17/15 report. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." (McInnes, 2011) Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. Treater has not provided reason for the request although the patient is s/p right sacroiliac fusion with instrumentation and removal of L5-S1 hardware on 10/28/2014. ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." There is no mention of pressure ulcers that would warrant a special support surface. Post-operative need for a hospital bed is not discussed in ODG or other guidelines. Treater has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. The request is not in accordance with guideline criteria. Therefore, this retrospective request IS/WAS NOT medically necessary.