

Case Number:	CM14-0140138		
Date Assigned:	09/08/2014	Date of Injury:	02/18/2003
Decision Date:	10/06/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/29/2014

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 63-year-old employee with date of injury of 2/18/2003. Medical records indicate the patient is undergoing treatment for cervical spondylosis w/o myelopathy, cervicobrachial syndrome, cervical radiculopathy, sciatica, abnormal gait, myofascial pain/myositis and lumbar spine neuritis or radiculitis. Subjective complaints include severe neck and back pain that is aggravated by prolonged walking, standing, sitting, lifting, pushing, pulling and lying down. He also has increased symptoms when bending at the neck. He has trouble sleeping due to spasm and pain in his neck and low back which also results in headaches. His pain is a 7/10 and described as sharp, stabbing and burning. He experiences numbness in the arms. He also has numbness and weakness in the legs, which occasionally lock up and give way. Medication has worked for him 40-50%, particularly with use of a TENS unit. He can tolerate sitting, standing and walking for up to 10 minutes. He reports sinus pain, fatigue and shortness of breath with activities. He is noticing problems with anger, depression, stress and mood swings. He has trouble urinating. Objective findings include a depressed affect on exam. Findings include: trigger point palpation upper trapezius, lower trapezius, splenius capitis, quadratus lumborum and thoracolumbar paraspinal muscles bilaterally; pain-limited range of motion of neck and lumbar spine; motor strength limited, and paresthesia to light touch noted in lateral left leg. Treatment has consisted of trigger point injections, Kadian ER, Zanaflex, Oxycodone Hcl, Lidoderm 5% patch and Lyrica. The utilization review determination was rendered on 8/22/2014 recommending non-certification of 1 [REDACTED] contour bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] contour bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline - Low Back (Acute & Chronic); regarding Mattress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment, and on the Non-MTUS Medicare.gov, durable medical equipment

Decision rationale: The California MTUS and ACOEM are silent regarding the medical necessity of a [REDACTED] bed. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below"; guidelines further detail, "Exercise equipment is considered not primarily medical in nature." Medicare describes DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; and appropriate to be used in your home. Hospital beds for in home use with a medical reason may meet Medicare's DME description. However, a [REDACTED] bed is not a hospital bed and would not be classified as durable medical equipment; it is not recommended per ODG. As such, the request for 1 [REDACTED] contour bed is not medically necessary.