

<b>Case Number:</b>	CM14-0103863		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/14/2002
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Internal Medicine, has a subspecialty in Occupational Medicine 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:

Patient is an injured worker with complaints of cervical, thoracic, and low back pain. Date of injury was 12-14-2002. Progress report dated 05-22-14 documented subjective complaints of cervical spine pain, thoracic, and low back pain. Physical examination demonstrated a pleasant, cooperative patient who responded appropriately, well groomed, normal skin tone and appropriate for stated age. Vital signs were height 5'3", weight 170, heart rate 80, respirations 16, and blood pressure 129/80. Cervical spine had tenderness. Gait was steady. Back demonstrated decreased range of motion in all planes and tenderness throughout back. The patient was alert and oriented, follows commands, normal muscle tone. Psychologic findings were cooperative, speech regular, speech clear, speech regular, pleasant and cooperative. Diagnoses were myofascial pain syndrome, right shoulder pain status post arthroscopy, bilateral carpal tunnel syndrome status post carpal tunnel release, lumbar radiculopathy, spinal enthesopathy, and depression. Treatment plan included medications Remeron, Venlafaxline, Tramadol, Gabapentin, Celebrex, and Toradol. Psychology appointment needed scheduling. The physician's recommendation was to not consider any specialist referrals, procedures, or surgeries until she is established with psychologist and depression is improved and stable. Utilization review determination date was 6/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Low Back Chapter.

**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 - Lumbar & Thoracic (Acute & Chronic)Mattress selectionOfficial Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)Durable medical equipment (DME).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address the request for a bed. Official Disability Guidelines (ODG) state that 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. Durable medical equipment (DME) is defined as equipment which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury. Progress report dated 05-22-14 documented subjective complaints of cervical spine pain, thoracic, and low back pain. Diagnoses were myofascial pain syndrome, right shoulder pain status post arthroscopy, bilateral carpal tunnel syndrome status post carpal tunnel release, lumbar radiculopathy, spinal enthesopathy, and depression. The medical records do not provide a rationale for the request for a bed. Bedding is not primarily and customarily used to serve a medical purpose, and generally is useful to a person in the absence of injury. Therefore, bedding does meet the definition of durable medical equipment (DME). Therefore, a bed is not medically necessary. Therefore, the request for BED is not medically necessary.