

Case Number:	CM14-0156935		
Date Assigned:	10/06/2014	Date of Injury:	09/15/1974
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 67 year old employee with date of injury of 9/15/1974. Medical records indicate the patient is undergoing treatment for cervical pain, lumbar sprain and left shoulder pain. Subjective complaints include neck pain, right shoulder and low back pain. The remaining subjective notes are illegible. Objective findings include "cervical and lumbar spine". The remaining objective notes are illegible. Treatment has consisted of Norco, Soma, and Oxycodone. The utilization review determination was rendered on 9/15/2014 recommending non-certification of an Adjustable Bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable 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, Knee and Leg, (Acute & Chronic), Durable medical equipment.

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 - Mattress selection, Durable Medical Equipment (DME) Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a mattress. ODG 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." When noting that the record does not provide any evidence of a spinal cord injury or pressure ulcers from such, there would be no clinical indication to support the purchase of an orthopedic mattress out of medical necessity. 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" Medicare details DME as: -durable and can withstand repeated use- used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home The treating physician does not detail why the patient cannot meet her positioning needs with a pillow support. The treating physician has not provided medical documentation of disability to meet the above guidelines. As such, the request for Adjustable Bed is not medically necessary.