

Case Number:	CM13-0018653		
Date Assigned:	10/11/2013	Date of Injury:	01/05/2009
Decision Date:	01/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 physician 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 32 year old male with date of injury 1/5/09. The mechanism of injury is stated as cumulative trauma to his lower back. The medical records reviewed are dated from 07/2012 - 08/2013. An MRI dated 7/2012 revealed degenerative disc disease at L5-S1 with nerve root impingement at this level. Surgery of the lower lumbar spine was performed on 8/2013 and included an anterior lumbar interbody fusion and posterior discectomy at L5-S1. Conservative therapies tried prior to the surgery included physical therapy, medications and acupuncture. A provider note dated 08/2013 stated the patient continued to complain of back pain. The last recorded physical exam is dated 4/2013. Objective (4/2013): lumbosacral muscle spasm, positive straight leg raise on the right side, numbness of the right leg and foot. Diagnoses: degenerative disc disease, spondyloarthropathy of the lumbar spine. Treatment plan and request: Sleep number bed (status post surgery).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 sleep number bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines, Low Back, Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pub med literature review, uptodate medical treatment guidelines.

Decision rationale: This 32 year old male has had chronic low back pain since date of injury 1/5/09, recalcitrant to conservative therapy and subsequently underwent surgery to the lumbar spine 8/2013. The date of request is 08/2013. The patient is in continued pain post surgery and the request is for a sleep number bed to assist with pain control status post surgery. The MTUS does not make reference or have guidelines with regard to a specific bed which should be used status post spinal surgery or for use in chronic back pain. Per the cited medical treatment guidelines above, there is no evidence based medical literature recommending the use of a particular mattress or bed that should be used status post a spinal surgery or that should be used to assist with the alleviation of chronic back pain. In view of this lack of medical evidence a sleep number bed is not indicated as medically necessary in this patient.