MAXIMUS Federal Services

Case Number:	CM13-0020103		
Date Assigned:	10/11/2013	Date of Injury:	02/15/2010
Decision Date:	02/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 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:

The patient is a represented [redacted] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of February 15, 2010. Thus far, the patient has been treated with the following: Attorney representation; unspecified amounts of physical therapy and acupuncture; sleep aids; and extensive periods of time off work, on total temporary disability. In a Utilization Review Report of September 4, 2013, the claim administrator denied a request for an orthopedic bed. The patient's attorney later appealed. An earlier note of June 9, 2013, is notable for comments that the patient reports persistent low back pain. He has had epidural steroid injections without relief. He is status post cervical diskectomy. He is placed off of work, on total temporary disability, and asked to obtain an orthopedic bed, namely a sleep number bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Orthopedic Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Third Edition, 2010, Low Back, Devices, Sleeping Surface

Decision rationale: As noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against the usage of any specific bed, mattress or commercial product. It is recommended that the patient select those beds, mattresses, and other sleeping options, which are comfortable to them. This is, however, deemed a matter of personal preference by ACOEM as opposed to a matter of medical necessity. Therefore, the request is not certified, on Independent Medical Review.