

Case Number:	CM13-0025490		
Date Assigned:	11/20/2013	Date of Injury:	09/14/1989
Decision Date:	03/25/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of September 14, 1999. A utilization review determination dated September 9, 2013 recommends non-certification of a "California King orthopedic bed." A progress report dated August 20, 2013 includes subjective complaints stating, "the patient is here for a follow-up visit. She has been having difficulty with her ambulation since surgery. The patient does not have radiculopathy, but she does have pain in her back and the buttocks region." Physical examination states, "she uses her brace and she stands up better than before." Impression states status post lumbar hardware removal with revision of L3-4 decompression, status post anterior and posterior fusion at L4-S1. Treatment plan states, "the patient was given refills on her medications. The patient is status post most recent surgery; a request will be put in for a California King adjustable orthopedic bed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one (1) California king orthopedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS: 2010 Revision, Web Edition; and the Official Disability Guidelines (ODG)

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 Pain Chapter, Mattress section.

Decision rationale: According to the Official Disability Guidelines (ODG), there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Additionally, the requesting physician has not identified why the patient would need such a mattress or bed to treat any specific problems resulting from the accepted industrial injury. The request for a California King orthopedic bed is not medically necessary and appropriate.