

Case Number:	CM13-0034779		
Date Assigned:	12/11/2013	Date of Injury:	05/23/2005
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 Medicine and is licensed to practice in Florida. 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 41-year-old female who reported an injury on May 23, 2005 when lifting an object causing pain in the low back. This injury ultimately resulted in surgical fusion followed by hardware removal. The patient's surgical interventions were postoperatively with physical therapy and a spinal cord stimulator placement. The patient's most recent clinical examination revealed limited range of motion of the lumbar spine with palpable spasms and tightness and tenderness to the paraspinal musculature of the lumbar spine. The patient's diagnoses included status post lumbar spine fusion and failed back syndrome. The patient's treatment plan included a queen size Sleep Number Bed mattress, continuation of medications, and a [REDACTED] pool/gym 1 year membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a Queen Size Sleep Number 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 Chapter.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic back pain related to failed surgical intervention. The Official Disability Guidelines define durable medical equipment as items that can be used primarily and customarily to serve to a medical purpose, can stand with repeated use by successive patients and normally be rented, not useful to the patient in the absence of illness or injury, and appropriate for use in a patient's home. The requested Sleep Number queen mattress for purchase would not fall within these guidelines as this is not a piece of equipment that is primarily or customarily used to serve a medical purpose and the patient can use this item in the absence of injury or illness. The clinical documentation submitted for review does not provide any evidence that the patient is at significant risk for development of skin ulcerations or decubitus ulcers that would support the need for a specially designed mattress. As such, the requested queen size Sleep Number Bed is not medically necessary or appropriate.