

Case Number:	CM13-0037790		
Date Assigned:	12/18/2013	Date of Injury:	11/15/2005
Decision Date:	02/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Surgery, has a subspecialty in Pediatric Orthopedics, 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 56-year-old female with a reported date of injury of 11/15/2005. The patient presented with increased difficulty sleeping due to chronic low back pain and radicular leg pain. The patient had diagnoses including lumbar radiculopathy and chondromalacia of the right knee. The physician's treatment plan included a request for the purchase of an ERGO bed with adjustable base and a request for an MRI of the lumbar/sacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of an ERGO bed with adjustable base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 5th Edition - Low back chapter accessed online 8/26/10. No guideline for bed.

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.

Decision rationale: The California MTUS guidelines and ACOEM do not address. The Official Disability Guidelines note it is not recommended to use firmness as sole criteria. There are no high-quality studies to support the 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. Within the provided documentation, the provider noted the patient had increased difficulty sleeping due to chronic low back pain. The provider recommended an ERGO bed, preferably with adjustable base. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, it was unclear within the provided documentation whether the patient had a diagnosis of pressure ulcers that would indicate the patient's need for a specialized mattress/bed. Therefore, the request for ERGO bed with adjustable base is neither medically necessary nor appropriate.

MRI of lumbar/sacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310.

Decision rationale: ACOEM states, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). CT or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. ACOEM states using imaging tests before 1 month in absence of red flags is not recommended. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition in order to demonstrate neurologic deficits that would indicate the patient's need for an MRI at this time. The patient underwent an MRI of the lumbar spine on 09/18/2012. It was unclear, per provided documentation, if the patient has experienced a change in symptoms and/or significant pathology. Additionally, within the provided documentation, it was unclear if the patient has undergone any recent conservative care prior to the physician's request for an MRI of the lumbar spine. Therefore, the request for an MRI of the lumbar/sacral spine is neither medically necessary nor appropriate.