

<b>Case Number:</b>	CM13-0042921		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/16/1988
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 expert 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 51-year-old male patient with a work-related injury sustained on 6/16/88. The mechanism of injury was not provided. On re-examination on 9/9/13, the patient presented with a long history of both neck and low back pain radiating into the arms and legs. The pain was described as burning and becoming progressively more severe and continuous. Conservative treatments have included medications, which include extra strength Vicodin daily, as well as ice, rest, and a zero gravity chair, which reportedly had decreased the low back symptoms. Diagnoses include postlaminectomy syndrome of the lumbar spine with bilateral radiculopathy and neuropathic symptoms bilaterally, cervical disc degeneration with disc bulge with bilateral radiculitis, and lumbar and cervical muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN ERGONOMIC ADJUSTABLE AIR MATTRESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM guidelines do not address this issue. The Official Disability Guidelines state 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. The clinical information submitted for review indicated that the patient continues with ongoing neck and low back pain; however, there was no clinical information nor evidence provided that was supported by the guidelines. Given that no clinical information was provided to show how mattress would benefit the patient and support request, the request is non-certified.

**A ZERO GRAVITY CHAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM guidelines do not address this issue. The Official Disability Guidelines state that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Criteria to determine whether or not a modification counts as medical include whether or not it can withstand repeated use, whether or not it is primarily and customarily used to serve a medical purpose, whether or not it is generally is not useful to a person in the absence of illness or injury, and whether or not it is appropriate for use in a patient's home. Although the patient continued with low back and lower extremity pain, the clinical information submitted for review did not provide evidence as to how the chair would benefit the patient. The California MTUS guidelines would support the use of the chair if it served a medical purpose. Given that there was no clinical information provided to show medical benefit and to support the request, the request is non-certified.