

Case Number:	CM13-0043643		
Date Assigned:	12/27/2013	Date of Injury:	10/22/2003
Decision Date:	06/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 59 year-old female with a 10/22/03 date of injury. The mechanism of injury was a slip and fall on a tile floor at a work-related function. She has been diagnosed with lumbar postlaminectomy syndrome, status post cervical decompression and fusion at C4-5 and C5-6 on 1/26/12, status post left L5-S1 discectomy on 7/14/08, lumbosacral neuritis not otherwise specified, disorder of rotator cuff not elsewhere classified, long-term use of medications not elsewhere classified, and therapeutic drug monitor. On 8/23/13, [REDACTED] recommended an adjustable bed due to multiple body part complaints to allow her to have sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ADJUSTABLE 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 Official Disability Guidelines (ODG) < ODG lumbar chapter, for Mattress selection:

Decision rationale: The patient presents with neck and back pain from a ground level slip and fall in 2003. The request is for an adjustable bed. This is not a hospital bed, and does not meet the definition of durable medical equipment (DME). Medicare defines DME as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. The adjustable bed is not primarily or customarily used to serve a medical purpose, and can be used by anyone in the absence of illness or injury. The MTUS/ACOEM guidelines did not discuss beds, so alternative guidelines were used. The Official Disability Guidelines state that mattress firmness is not recommended as the sole criteria for mattress selection, and also states that bed rest is not recommended for the low back other than unstable spinal fractures or cauda equina syndrome. The Aetna guidelines were also consulted; they specifically state that adjustable beds (non-hospital beds) are not recommended as they do not meet the the definition of DME. As such, the request is not medically necessary.