

Case Number:	CM13-0047720		
Date Assigned:	12/27/2013	Date of Injury:	03/26/1987
Decision Date:	03/18/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice 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 63-year-old male that reported a work injury on 03/26/1987. The mechanism of injury was reported as the patient overextended himself twisting for a wrench, and then injured his low back while picking up some wood when his left arm gave way due to pain causing him to slip and fall. A clinical note dated 09/25/2013 states that the patient underwent neck surgery three times in 1987, 1988, and 1999. The patient then underwent lumbar surgery in 1991, 1994, and 1995. The patient is followed by [REDACTED] for pain medication management. During the exam at the clinical visit, the patient complained of pain to his neck shoulders back and legs as sharp, throbbing, stabbing, electrical/shooting, burning, cramping, weakness, and spasms. The patient's pain level was rated as a 5 on a scale of 0-10. The patient had stiffness and tenderness. The recommendation was given for EasyRest adjustable bed to alleviate pain and allow restorative sleep. The patient does continue with a home exercise program for strengthening, aerobic conditioning, and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

EasyRest king size adjustable bed (retro): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: The Official Disability Guidelines indicate that 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. The patient has noted radiating pain, weakness, decreased flexibility, with ongoing pain management. The physician recommends the EasyRest restorative sleep and to alleviate pain. During the clinical visit it is noted that the patient was compliant with the home exercise program for flexibility conditioning and core strengthening. The patient was able to perform the motor exam during the office visit. Therefore, the request is non-certified.