

Case Number:	CM13-0054442		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2006
Decision Date:	03/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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 40-year-old female with date of injury of 06/07/2006. The listed diagnoses per [REDACTED] dated 09/23/2013 are status post C5-C6 total disk arthroplasty and C6-C7 anterior cervical discectomy and fusion 2011, cervical radiculopathy, left shoulder impingement, status post left shoulder surgery [REDACTED] date unknown, obesity/hypoventilation syndrome, primary hypertension, right cardiac failure, C5-C6 and C6-C7 disk displacement, cervical stenosis and symptomatic hardware C6-C7. According to progress report dated 09/23/2013 by [REDACTED], the patient complains of constant cramping in the neck with difficulty swallowing. She continues to have breathing problems and utilizes an oxygen system. She has bilateral arm pain. The physical examination shows spasm was present in the right trapezius. The provider is requesting a sleep number bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A sleep number 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), Under Study

Decision rationale: This patient presents with multiple medical problems including chronic pain with two level arthroplasty of C-spine, obesity and hypoventilation problems. The provider is requesting the purchase of a sleep number bed. This request was denied by utilization review dated 10/17/2013 citing the guidelines that the mattresses are not considered DME. The treating physician recommends a sleep number bed to go along with the hospital bed that would allow for the patient to elevate the bed as well as the legs. The California MTUS and ACOEM guidelines do not discuss mattresses. However, ODG guidelines do quote one study and indicates that this is "under study." A recent clinical trial concluded that patients with medium-firm mattresses have better outcomes than patients with firm mattresses for pain in bed, pain on rising, and stability. Furthermore, ODG guidelines discuss durable medical equipment and states that for an equipment to be considered medical treatment, it needs to be used primarily and customarily for medical purposes. In this case, while the use of hospital bed may be medically indicated, there is no medical and the guidelines support for a specific type of bed such as a sleep number. The recommendation is for denial.