

Case Number:	CM13-0057157		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2000
Decision Date:	05/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 58-year-old female who reported an injury on 04/11/2000. The mechanism of injury was the injured worker was picking up boxes on a regular basis. The documentation of 10/17/2013 revealed the injured worker had constant sharp, aching, and burning pain in the lumbar spine. The injured worker complained of sharp stabbing pain with constant aching to the bilateral knees. The pain level was an 8/10. The diagnosis was intervertebral disc disorder and degeneration of the intervertebral disc site unspecified. The objective findings included decrease range of motion, sensation, and loss of strength in the lumbar spine. The treatment plan included a Sleep Number adjustable bed at home per the injured worker's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADJUSTABLE BED(PURCHASE) FROM SLEEP NUMBER STORE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

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 Chapter, Mattress Selection, Knee & Leg Chapter, DME

Decision rationale: Official Disability Guidelines do not recommend mattress to use firmness as a sole criteria for mattress selection. Mattresses are considered durable medical equipment. Durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which includes can withstand repeated use as in could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to provide a documented rationale for the necessity of an adjustable bed. There was lack of documentation indicating a bed is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury. The request as submitted failed to indicate the size of the bed being requested. Given the above, the request an adjustable bed purchase from Sleep Number Store is not medically necessary.