

<b>Case Number:</b>	CM13-0062350		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/31/1981
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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; Pain Management 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:

This is a 78 year old male with a 12/31/1981 industrial injury claim. According to the 10/28/13 report from [REDACTED], the patient still reports 8/10 pain in his lower back and leg. He reports difficulty sleep due to back pain and uses different pillows to get relief. He went shopping at a mattress store and wants a queen sized adjustable bed. [REDACTED] made the request for the patient, and on 11/20/13 UR denied it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Queen Adjustable Bed for Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Mattress Selection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar chapter, for Mattress selection and Aetna, Clinical Policy Bulletin, Hospital Beds and Accessories

**Decision rationale:** The review of the medical documentation indicates the claimant has had a positive response to participation in a functional restoration program. Per California MTUS,

functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work. The claimant has participated in a program and per the documentation has demonstrated functional improvement with increased levels of strength and durability and an improved coping mechanism from a psychological standpoint. The requested aftercare visits would improve the potential for continued improvement from both a physical and psychological viewpoint. Medical necessity for the requested service has been established. The requested service is medically necessary.