

Case Number:	CM13-0062546		
Date Assigned:	12/30/2013	Date of Injury:	06/15/2009
Decision Date:	06/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery, 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 53-year-old who reported an injury to his low back. The previous utilization review dated November 25, 2013 resulted in denials for both the hardware removal following the lumbar fusion and a queen sized Tempurpedic bed. No specific commercial products are recommended in order to maintain the injured worker's spinal positioning while sleeping. Currently, no evidence exists supporting the commercial products over home remedies for low back pain while sleeping. Additionally, no information had been provided regarding the injured worker's specific complaints of pain at the implanted hardware site nor was there any information regarding the injured worker's broken hardware provided. The clinical note dated May 1, 2014 indicates the injured worker complaining of low back pain with radiating pain into the lower extremities. The note indicates the injured worker rating the low back pain as 7/10. The injured worker indicated he had purchased a 3 inch mattress topper which resulted in a 25% reduction in pain. The injured worker reported elevated pain to 7-8/10. The note indicates the injured worker showing a progression of ongoing symptoms over the previous 8 months. The injured worker has been utilizing a cane for ambulatory assistance. The injured worker was identified as having a positive Lesegue's sign at night. The injured worker had a positive straight leg raise on the right at 80 degrees. Decreased sensation was identified in the L4 and L5 distributions on the right. Quadriceps atrophy was also identified on the right. Absent reflexes were identified at the patella with trace reflexes identified at the Achilles. Tenderness was identified upon palpation over the hardware. The injured worker was recommended for hardware removal as well as a queen sized rhapsody Tempurpedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HARDWARE REMOVAL LUMBAR FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines treatment, Integrated Treatment/Disability Duration Guidelines, Low Back-Lumber & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK CHAPTER, HARDWARE REMOVAL.

Decision rationale: The documentation indicates the injured worker complaining of tenderness at the implanted hardware site. Hardware removal would be indicated in the lumbar region provided the injured worker meets specific criteria to include a significant response following a hardware injection. No information was submitted regarding the injured worker's previous hardware injection in the lumbar region confirming the need for hardware removal. The request for hardware removal from lumbar fusion is not medically necessary or appropriate.

QUEEN SIZE RHAPSODY TEMPURPEDIC BED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 76.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg Chapter, Durable Medical Equipment.

Decision rationale: The request for a queen sized rhapsody Tempurpedic bed is non-certified. Currently, no high quality studies exist supporting the safety and efficacy of the use of Tempurpedic beds in alleviating injured worker's ongoing low back complaints. Given that no high quality studies have been published in peer reviewed literature supporting the use of Tempurpedic beds in alleviating low back pain, the request for a queen size rhapsody Tempurpedic bed is not medically necessary or appropriate.