

Case Number:	CM13-0072746		
Date Assigned:	09/10/2014	Date of Injury:	07/15/2000
Decision Date:	12/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 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 patient is a 54 year old male with an injury date of 07/15/00. The 11/14/13 progress report by [REDACTED] states that the patient presents with left sided lower back pain radiating down both legs to the feet with numbness and tingling in both thighs. The patient's gait is antalgic with use of a single point cane. Examination shows moderate tenderness over the lumbar paraspinals with diminished pinprick sensation on the anterior right thigh and lateral calf as well as the left anterior and lateral thigh. The patient's diagnoses include: Status post lumbar fusion with subsequent hardware removal May 2005 Status post spinal cord stimulator implant Lumbar radiculopathy Chronic low back pain. Medications are listed as Oxycontin, Norco, Cymbalta, Ambien, and Naprosyn. The utilization review being challenged is dated 12/06/13. The rationale regarding the orthopedic bed is that there is no evidence that the patient's condition requires special attachments that cannot be fixed to an ordinary bed. Reports were provided from 07/18/13 to 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACARE HEAT PADS FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic Chapter, Heat therapy topic

Decision rationale: The patient presents with left side lower back pain radiating into the bilateral lower extremities to the feet with numbness and tingling in the thighs. The treater requests for thermacare heat pads. The reports show the patient has been using Thermacare since before 03/05/13. ODG guidelines Low Back Lumbar & Thoracic Chapter, Heat therapy topic states, "Recommended as an option." The Procter & Gamble ThermaCare HeatWrap is specifically mentioned as more effective than other products. Although the use of this product may be indicated given the patient's chronic back condition, the treater does not discuss the use of this product and its efficacy in the reports provided or provide a record of pain and function as required. California Medical Treatment Utilization Schedule (MTUS) page 60 states, "A record of pain and function with the medication should be recorded." Treatment is not medically necessary and appropriate.

ORTHOPEDIC BED FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.CMS.GOV/MEDICARE](http://www.cms.gov/Medicare)

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, Under Durable Medical Equipment

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) are silent on orthopedic beds. ODG does provide some guidance in the Low Back chapter, Mattress selection, that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. The 11/14/14 report states the patient's bed is very old and does not provide support for the lower back which causes interrupted sleep and pain. The treatment plan from this report states a request for an orthopedic bed to allow the patient to sleep better at night with less lower back pain. In this case an orthopedic bed is not primarily used for a medical purpose. Treatment is not medically necessary and appropriate.