

Case Number:	CM14-0004747		
Date Assigned:	01/24/2014	Date of Injury:	03/31/1995
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 and is licensed to practice in Minnesota. 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:

This is a 67-year-old male with the injury date of 12/01/2011 and the mechanism of injury was not provided. There were no clinical notes provided for review. The current diagnoses include spine pain and knee pain. The physician noted it was medically necessary for the injured worker to have an adjustable bed for the relief of neck pain. The current request is for a purchase queen size XXXXXXXXXX bed qty: 1. The date of request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE QUEEN SIZE XXXXXXXXXX BED QTY:1: 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)- TWC, Low Back - Lumbar and Thoracic (Acute & Chronic).

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, Mattress selection

Decision rationale: The California MTUS/ACOEM Practice Guidelines do not address the request. The Official Disability Guidelines for mattress selection state they are not recommended to use firmness as sole criteria. No high quality studies to support purchase of any

type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The guidelines do not support the request. Also, there is a lack of a recent and thorough examination of the injured worker or details addressing prior conservative care to address the injured worker's symptoms. Therefore, the request for the purchase queen size [REDACTED] bed qty:1 is not medically necessary.