

Case Number:	CM14-0008571		
Date Assigned:	02/12/2014	Date of Injury:	01/24/2011
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/22/2014

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 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 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 63 year-old male who was injured on 1/24/2011. He has been diagnosed with lumbar spondylosis. According to the 10/28/13 orthopedic report from [REDACTED], the patient had a functional restoration evaluation and was awaiting approval for a spinal cord stimulator. He presents with difficulty sleeping and depression secondary to chronic pain. [REDACTED] recommended a Sleep Number bed. On 12/18/13, Utilization Review (UR) denied the bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP NUMBER BED ADJUSTABLE: 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 Section, 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), Low Back Section, Mattress Selection.

Decision rationale: The patient presents with back pain and depression. I have been asked to review for a Sleep number bed. This bed is not considered DME, as it is not primarily medical in

nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. MTUS/ACOEM does not discuss beds. Aetna clinical policy recommends hospital beds in certain situations, but this bed is not a hospital bed and does not meet the definition of DME. The Medicare definition is: "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" ODG does not recommend bed rest as treatment for low back pain, and does not provide recommendations based on mattress firmness. Aetna Clinical Policy Bulletin as with Medicare, does not consider the Sleep number bed as DME because "they are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. " The Sleep number bed is not in accordance with Aetna, Medicare guidelines and does not meet the definition of Durable Medical Equipment (DME). The request is not medically necessary and appropriate.