

Case Number:	CM14-0102979		
Date Assigned:	07/30/2014	Date of Injury:	05/07/2003
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 & Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 05/07/2003. The mechanism of injury was not provided in the medical records. He is diagnosed with degenerative joint disease of the cervical spine. His previous treatments were noted to include acupuncture, chiropractic treatment, physical therapy, injections, and surgery. On 05/20/2014, the injured worker presented with complaints of cervical spine pain with radiation down his shoulders, rated 7/10 to 8/10. It was also noted that he reported numbness and tingling down his bilateral arms into the hands. His physical examination revealed tenderness to palpation at the levels C5-6 and C6-7, and over the bilateral trapezius muscles. His medications were noted to include Norco and Neurontin. His treatment plan was noted to include medication refills. A request was received for the purchase of 1 electric flat bed. However, documentation was not provided with a clear rationale for the request. In addition, the Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 Electric Flat Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation anthem.com : Hospital Beds and Accessories.

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: According to the Official Disability Guidelines, there are no high-quality studies to support the purchase of any type of specialized mattress or bed as a treatment for back pain. The clinical information submitted for review indicated that the injured worker had cervical spine pain. However, he was not shown to have weakness or difficulty changing positions, or other clear indication for the need for an electric bed. In addition, a rationale for the requested treatment was not provided. In the absence of documentation specifying the injured worker's need for an electric flat bed, and as the guidelines do not support any type of mattress or bed over another in the treatment of back pain, the request is not supported. As such, the request for Purchase of 1 Electric Flat Bed is not medically necessary and appropriate.