

Case Number:	CM14-0014643		
Date Assigned:	02/28/2014	Date of Injury:	02/20/2011
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty 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 49 year old with an injury date on 2/20/11. Based on the 12/10/13 progress report provided by [REDACTED] ([REDACTED]) the diagnoses are: 1. CHI with vertigo, 2. Neck pain, 3. T-spine pain, 4. lower back pain, 5. jaw pain, 6. right shoulder pain. Exam on 12/3/13 showed "paracervical muscle spasms and tenderness to palpation. paravertebral muscle spasms and tenderness to palpation in lower L-spine. Decreased sensation to light touch over L5 dermatome and positive straight leg raise test." [REDACTED] is requesting a sleep number bed. The utilization review determination being challenged is dated 1/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/30/13 to 1/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP NUMBER BED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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) Section on Durable Medical Equipment, Lumbar Chapter, for Mattress

Decision rationale: This patient presents with neck pain, lower back pain, and headaches. The treating physician has asked a sleep number bed on 12/10/13. On 12/3/13, patient reports recent epidural steroid injection to L-spine was ineffective, with ongoing pain. On 10/22/13 patient has had severe weight gain, and is recommended pillow for C-spine. Patient underwent abdomen ultrasound on 12/11/13 that showed status post cholecystectomy, with unremarkable findings. ODG guidelines for Alternating Pressure and Low Air Loss Mattresses and Overlays approve usage only in cases of severe stage 2 to 4 pressure ulcers, which patient does not have. For durable medical equipment, ODG also do not recommend it unless it has strict medical use only. A sleep number bed is not strictly a medical treatment equipment and this patient does not present with any special needs for a special bed. Given the above the request is not medically necessary.