Case Number:	CM14-0017176		
Date Assigned:	04/14/2014	Date of Injury:	10/14/2009
Decision Date:	05/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 57-year-old male who reported an injury on 10/14/2009. The mechanism of injury was not stated. Current diagnoses include lumbar spondylosis and degenerative disc disease in the lumbar spine. The injured worker was evaluated on 01/17/2014. The injured worker reported persistent lower back pain and right lower extremity pain. The injured worker was status post bilateral L2-L5 medial branch block. Physical examination revealed tenderness to palpation of the lumbar facet joints at L3 through S1, palpable twitch positive trigger points, tenderness to palpation of the greater trochanteric bursa bilaterally, limited lumbar range of motion and normal motor strength with intact sensation. Treatment recommendations included authorization for an adjustable mattress and chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADJUSTABLE BED, TEMPUR-PEDIC MATTRESS: 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) for the 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) Low Back Chapter, Mattress Selection.

Decision rationale: Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

RECLINER CHAIR: 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- Knee Chapter Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [redacted] definition of durable medical equipment. Durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It is generally not useful to a patient in the absence of illness of injury and should be primarily and customarily to serve a medical purpose. The medical necessity for the requested durable medical equipment has not been established. The injured worker's physical examination only revealed tenderness to palpation with limited range of motion. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary and appropriate.