

Case Number:	CM14-0110776		
Date Assigned:	09/16/2014	Date of Injury:	03/29/1995
Decision Date:	10/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 in Pain Medicine 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 records presented for review indicate that this 64 year-old female was reportedly injured on 3/29/1995. The most recent progress note, dated 8/25/2014, indicates that there are ongoing complaints of right shoulder and low back pain. The most recent physical examination dated 6/30/2014 states reduced range of motion to the cervical spine, neurologically intact, normal gait stance. No recent diagnostic studies are available for review. Previous treatment includes cervical fusion, medications, and conservative treatment. A request had been made for replacement bed, and was not certified in the pre-authorization process on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement 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, knee and leg chapter

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 - Lumbar & Thoracic Acute & Chronic. Updated 8/22/2014. Mattress selection

Decision rationale: ODG guidelines state there are no high-quality studies to support purchase of any type of specialized master bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. After review the medical records provided there is no documentation to justify the need for Replacement Bed in relation to work-related injuries. Therefore, request for Replacement Bed is administrative and is deemed not medically necessary.