

<b>Case Number:</b>	CM14-0150369		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Management 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 female with the date of injury of 11/09/2003. The patient presents with pain in her neck and lower back, radiating down upper and lower extremities with tingling or numbing sensations. Examination reveals positive straight leg raising bilaterally at 80 degrees, 20% decrease in horizontal torsion and lateral bend cervical and lumbar spine. There are tenderness over the cervical and lumbar region with muscle spasms. According to [REDACTED] report on 08/06/2014, diagnostic impressions are;1) Degenerative disk disease cervical 2) Degenerative disk disease lumbosacralThe utilization review determination being challenged is dated on 08/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/01/2014 to 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement recliner for neck and low back:** 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)

**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, DME, Mattress selection

**Decision rationale:** The patient presents with pain and weakness in her neck and lower back. The request is for replacement recliner for neck and low back. The review of the reports indicate states that " her previously prescribed recliner chair that she sits and sleeps in most of the time because of the radicular involvement has deteriorated and worn out beyond repair, and as such, she requires a new recliner." ODG guidelines mention Mattress Selection & Tempur-Pedic mattress but does not recommend purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Under Durable Medical Equipment, ODG also states that DME (durable medical equipment) must be generally not useful to a person in the absence of illness or injury, and primarily and customarily used to serve a medical purpose. In this case, the request does not meet the DME criteria. Recommendation is for denial.