

Case Number:	CM14-0176133		
Date Assigned:	10/29/2014	Date of Injury:	02/28/2011
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 28, 2013. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; lumbar cyst removal; opioid agents; muscle relaxants; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a home care bed, approved Skelaxin, and approved Tramadol. The applicant's attorney subsequently appealed. In September 25, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was reportedly stable on tramadol and Skelaxin. It was acknowledged that the applicant was not working and had been "disabled." The attending provider stated that the applicant should have access to 40 to 45 sessions of acupuncture per year. A Tempur-Pedic mattress was apparently endorsed, along with the addition of acupuncture. It was stated that the applicant should also have access to epidural steroid injections on an as-needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 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, Lumbar and Thoracic (Acute & Chronic) updated 03/31/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation ACOEM V.3 Low Back Devices Sleeping Surfaces

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against usage of optimal sleeping services including bedding, water bed, hammocks, mattresses, pillows, etc. While ACOEM does suggest that applicants select those articles of bedding which are most comfortable for them, ACOEM takes a position that bedding and mattresses, as are being sought here, represent articles of applicant preference as opposed to articles of medical necessity. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.