

Case Number:	CM14-0020731		
Date Assigned:	04/30/2014	Date of Injury:	11/14/2003
Decision Date:	07/17/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a 71-year-old male who has submitted a claim for severe cognitive disorder with depressions, spinal osteoporosis and osteoarthritis, cervical spine disc syndrome with strain-sprain disorder and radiculopathy status post laminectomy fusion, postoperative laminectomy fusion syndrome, lumbosacral spine disc syndrome with strain-sprain disorder and radiculopathy, repetitive stress syndrome with carpal and tunnel syndrome, and double crush syndrome, and chronic pain syndrome with idiopathic insomnia; associated with an industrial injury date of 01/14/2003. Medical records from 09/09/2013 to 01/06/2014 were reviewed and showed that patient complained of sharp, stabbing neck and low back pain accompanied by stiffness, weakness, and generalized discomfort. Patient has difficulty sleeping. Physical examination showed limited cervical and lumbosacral spine movement with radiculopathies. Abnormal mental status, loss of visual acuity, and loss of short and long term memory were noted. Patient has both median and ulnar nerve injuries to the bilateral upper extremities. X-ray of the cervical spine, dated 08/21/2012, showed a solid fusion from C5 through C7. The official report was not made available. Treatment to date has included medications and post laminectomy fusion (undated). Utilization review, dated 02/03/2014, denied the request for a sleep number queen bed because the guidelines do not support the use of specialized mattresses/beddings as an effective treatment alternative for long-term back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP NUMBER QUEEN 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 (ODG), Low back chapter (updated 12/27/13), 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: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Low Back Chapter was used instead. ODG states that there are no high quality studies to support 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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the patient complains of low back pain, and the request is for an orthopedic mattress. However, there is a lack of evidence-based literature that would support the use of specialized mattresses for low back pain. Lastly, the present request failed to specify the number requested. The medical necessity has not been established due to lack of compelling evidence to support its use. Therefore, the request for Sleep Number queen bed is not medically necessary.