

Case Number:	CM14-0023552		
Date Assigned:	05/12/2014	Date of Injury:	03/18/1999
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 March 18, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cane; adjuvant medications; topical agents; and muscle relaxants. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for a reclining chair and [REDACTED] bed, citing non-MTUS ODG Guidelines and non-MTUS Third Edition ACOEM Guidelines. On September 23, 2013, the applicant was described as reporting persistent complaints of pain. The applicant was using a cane to move about. The applicant was given diagnoses of low back pain, knee pain, hip pain, and complex regional pain syndrome. Lorcet, Naprosyn, Prilosec, Soma, and Valium were sought. The applicant did not appear to be working. A multimodality transcutaneous electric therapy device was also sought. On January 14, 2014, the applicant stated that her reclining chair and bed were in a state of repair. It was suggested that the applicant be furnished with a new bed and/or reclining chair through the above-captioned Workers' Compensation Claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE/REPAIR OF RECLINING CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against usage of mattresses, bedding, waterbeds, hammocks, and, by implication, the reclining chair seemingly being sought here. These are, per ACOEM, deemed matters of individual applicant preference as opposed to matters of payer responsibility. In this case, no applicant-specific information, rationale, or other medical evidence was provided to offset the tepid-to-unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

PURCHASE/REPAIR OF A [REDACTED] 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sleeping Surfaces section.

Decision rationale: The MTUS does not address the topic. As with the request for a reclining chair, the Third Edition ACOEM Guidelines note that there is no recommendation for or against usage of any specific beds, bedding, and/or mattresses in the treatment of low back pain. These are, per ACOEM, deemed articles of individual applicant preference as opposed to articles of medical necessity. Therefore, the request is not medically necessary.