

<b>Case Number:</b>	CM14-0025307		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/23/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota 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 injured worker is a 43-year-old female who reported an injury on 03/23/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 01/14/2014 indicated diagnoses of postlaminectomy pain syndrome, lumbar radiculopathy more on the left side, and status post extraction of spinal cord stimulator. The injured worker reported pain in the lower back that radiated to the left lower extremity. On physical examination, the injured worker ambulated with a cane with an antalgic gait. The injured worker had decreased sensation in her left lower extremity, compared to the right side. The injured worker's straight leg raise was positive. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Percocet, Gabapentin, Oxycodone, Fluoxetine, and Alprazolam. The provider submitted a request for zero gravity bed and chair. A Request for Authorization dated 02/04/2014 was submitted for zero gravity bed and chair; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ZERO GRAVITY BED AND CHAIR: Upheld**

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

**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, Mattress selection, Knee and Leg, Durable medical equipment (DME).

**Decision rationale:** The request for 1 zero gravity bed is not medically necessary. The Official Disability Guidelines (ODG) state mattress selection is not recommended to use firmness as sole criteria. The guidelines also state hard mattresses have the largest amount of test persons who stopped during the trial due to worsening low back pain, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. The guidelines also state there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The Request for the chair the Official Disability Guidelines (ODG) state if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) to include withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. There is no justification or rationale for the request for a zero gravity bed or chair. In addition, the guidelines do not support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In addition, the documentation submitted did not indicate a medical need for a zero gravity chair or zero gravity bed. Therefore, per the Official Disability Guidelines, the request for zero gravity bed and chair is not medically necessary.