

Case Number:	CM14-0027076		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2008
Decision Date:	08/06/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine 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 59 years old male with an injury date on 10/21/08. Based on the 02/06/2014 progress report provided by [REDACTED] the diagnoses are depressive disorder, and chronic cervical/shoulder/lumber pain. According to this report, the patient complains of cervical, thoracic and lumbar pain. The patient has full range of motion with pain. On 02/03/2014 report indicates the patient is very depressed and was recommended to attend group therapies to increase socialization. Exam finding was not provided for review. There were no other significant findings noted on this report. [REDACTED] is requesting a sleep number bed. The utilization review denied the request on 02/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/01/2013 to 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP NUMBER 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, Lumbar and Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) and on the Non-MTUS AETNA guidelines.

Decision rationale: According to the 02/06/2014 report by [REDACTED] this patient presents with cervical, thoracic and lumbar pain. The physician is requesting a sleep number bed. The UR denial letter states No medical indications or rationale for this DME purchase are described. Regarding durable medical equipment, MTUS, ACOEM and ODG Guidelines do not discuss adjustable bed and accessories. AETNA Guidelines do discuss hospital beds and accessories and considers hospital beds and accessories necessary if the patient's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infection in ways not feasible in an ordinary bed, or patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, or requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problem with aspiration. In this patient, none of these criteria appear to apply to this patient. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, requesting a sleep number bed does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore the request is not medically necessary.