

<b>Case Number:</b>	CM14-0031900		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/10/1997
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 and is licensed to practice in Nevada. 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 64-year-old female who was reportedly injured on January 10, 1997 (a 2nd date of January 18, 2000 was also reported). The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated an obese individual, in no acute distress and oriented to time place and person. There was no indication of bowel or bladder dysfunction. A normal gait pattern was identified. Diagnostic imaging studies were not presented or discussed. Previous treatment included physical therapy and multiple medications. A request had been made for an ergonomic car seat & Tempur-Pedic bed and was not certified in the pre-authorization process on February 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic car seat (Retrospectively requested for Date of Service (DOS) 09/24/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Journal of Rehabilitation Research and Development Volume 37 Number 3, May/June 2000, pages 297-303.

**Decision rationale:** There are limited clinical studies identified that address this particular issue. At best, this is a personal comfort device. Additionally, there was no discussion in the current progress notes as to the clinical indication for such a device. The citation noted above addresses car seats in those wheelchair-bound individuals. In as much as this is not the case, there was no clinical data identified to support such a request. As such, this is determined to be not medically necessary.

**Tempurpedic bed (Retrospectively requested for Date of Service (DOS) 01/26/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Comp (ODG-TWC) Low Back Procedure Summary last updated 02/13/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Pressure Reducing Support Surfaces Number 0430.

**Decision rationale:** There are no citations in the guidelines to address this device. There are no specific clinical studies supporting such a device. As a reference, the clinical policy bulletin (0430) outlined the criterion for which such a device is indicated. It was noted that the injured employee was not completely immobile, did not have limited mobility, did not have any pressure or decubitus ulcers and did not demonstrate an impaired nutritional status, fecal urinary incontinence, altered sensory perception or economize circulatory status. As such, there was no clinical indication for such a device and this is not medically necessary.