

Case Number:	CM14-0034640		
Date Assigned:	06/20/2014	Date of Injury:	02/10/1995
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 56-year-old female who was reportedly injured on February 10, 1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 27, 2014 indicates that there are ongoing complaints of mid back and low back pain. The physical examination demonstrated an antalgic gait and a normal neurological examination of the lower extremities. Diagnostic imaging studies objectified a fracture of a rod on the right side of L4/L5 from prior lumbar spine surgery. Treatment plans include a computerized tomography scan of the thoracic spine followed by cervical spine and lumbar spine surgery. A request had been made for a sleep number bed and was not certified in the pre-authorization process on March 10, 2014.

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.

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 - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines 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. Therefore this request for a sleep number bed is not medically necessary.