

Case Number:	CM14-0038505		
Date Assigned:	06/27/2014	Date of Injury:	05/25/2002
Decision Date:	07/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Management and Rehabilitation 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:

This patient is a 56-year-old female with a date of injury of 5/25/02. Mechanism of injury was a slip and fall while hiking up a steep include with subsequent injury to multiple body parts, including the upper extremities, ankle and back. The patient is noted to have been previously made permanent and stationary as of 11/22/04. She has had extensive prior conservative and surgical care. She receives Future Medical Care for diagnoses of s/p L3-5 decompression surgery with failed back syndrome, s/p DQTS release and CTS release, bilateral cubital tunnel syndrome, s/p right knee arthroscopic meniscectomy, synovectom, chondroplasty, patellofemoral arthralgia, stress/anxiety/depression, Hypertension, Diabetes Mellitus, and Fibromyalgia. Specialists following this patient include pain, ortho, PM&R and psychiatry. She continues to be on multiple medications, including opioid pain medications, benzodiazepines and antidepressants. The patient recently followed up on 2/24/14 with the orthopedic specialist following her. She was getting home care, and reportedly received a wedge pillow, which was too short for her. The patient reportedly needs a scooter. Exam shows difficulty with mobility. SLR is positive. ROM is reduced. Sensation is reduced and lower extremity strength is 4/5. Multiple requests were made, including an electric bed and replacement wedge pillow. The justification for the wedge pillow was that the previously dispensed one was the wrong side, but there is no discussion of why an electric bed is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric bed- Lumbar spine: 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)/ Knee-Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 527-528. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back , Mattresses.

Decision rationale: Beds prescribed by physicians are not general standard of medical care. The CA MTUS and ACOEM 2nd edition are silent on this issue, therefore, consider the 2nd Revised edition and ODG. ACOEM revised chapter on low back pain notes that there is a lack of evidence that supports a specific mattress/bed. It clearly states that specific beds or commercial sleep products are not recommended for prevention or treatment of acute, subacute or chronic low back pain. ODG notes that this is also not recommended, with exception of special mattress that are designed to redistribute pressure for patients with pressure ulcers, as can occur in spinal cord injured patients. While this patient has multiple orthopedic conditions, including failed back surgery syndrome, there is no medical necessity for a physician prescribed electric bed.

Change Wedge pillow to taller Pillow: 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)- Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 527-528.

Decision rationale: With regards to use of pillows for low back pain, the CA MTUS and ACOEM 2nd edition are silent. Therefore, consider ACOEM 2nd revised edition that states that there is no recommendation for or against use pillows for low back pain, and that patients should use options that are the most comfortable for them. In this case, the patient was already dispensed a wedge pillow, and a request is made for a "taller" pillow. Expert Reviewer does not see clear medical necessity for the ongoing purchase of pillows until the patient finds one that is comfortable for her. There is no guideline recommendation for this, and there is no expected "size" or firmness of a pillow that supported by evidence to improve low back pain. There is no medical necessity to change this pillow to a taller pillow.