

Case Number:	CM14-0061636		
Date Assigned:	07/09/2014	Date of Injury:	03/10/2007
Decision Date:	08/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 40-year-old male who was reportedly injured on May 10, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities, bilateral knee pain, left wrist and hand pain and stomach upset. The physical examination demonstrated decreased lumbar spine range of motion and a positive right-sided straight leg raise test. Lumbar spine muscle spasms were present. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a partial lumbar laminectomy at L4-L5 and a laminar fusion at L4-L5. A request had been made for a sleep number bed and was not approved in the per-authorization process on April 24, 2014. This request is not medically necessary.

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, Low Back-Lumbar and Thoracic (Acute & Chronic), Mattress Selection.

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 and Thoracic, Mattress Selection, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, there are no high quality studies to support the 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.