

<b>Case Number:</b>	CM14-0062951		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/13/2001
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Pain Management, 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 49-year-old female with a date of injury of 03/13/2001. The listed diagnoses per the treating physician are: Cervical dystonia/neuralgia, Muscle spasms/myofascial pain, Cervical sprain/strain and Chronic pain syndrome. According to progress report on 03/04/2014, the patient presents with continued neck pain and headaches. The patient reports ongoing balance problems and states she has had falls due to this. Examination of the cervical spine revealed range of motion with flexion, extension, and side bending has improved, in addition to reduction in trigger points on palpation of her cervical paraspinal muscles. She also had reduction in the trapezius and posterior scalene muscles. Treating physician recommends replacement of cervical pillow as well as supportive mattress to provide appropriate support while sleeping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supportive mattress and Cervical 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 - Chapter: Neck and Upper Back (Acute & Chronic), Chapter: Low Back Lumbar & Thoracic (Acute & Chronic) and Chapter: Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Durable Medical Equipment: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; Bionicare® knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionator®/Extensionator®; Flexionators (extensionators); Exercise equipment; Game Ready® accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) ODG-TWC guideline does quote one study and indicates that this is under study: ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Protocols](http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)) Under study. A recent clinical trial concluded that patients with medium-firm mattresses h

**Decision rationale:** This patient presents with chronic neck pain and headaches. The treating physician is recommending replacement of her cervical pillow as well as supportive mattress to provide appropriate support while sleeping. The MTUS and ACOEM Guidelines do not discuss adjustable beds. However, ODG Guidelines do quote one study indicates that this is under study, Under study. A recent clinical trial concluded that patients with medium firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among patients with chronic nonspecific low back pain. Furthermore, ODG Guidelines discuss durable medical equipment and state that for equipment to be considered medical treatment, it needs to be used primarily and customarily for medical purposes; generally, it is not useful to a person in the absence of illness or injury. In this case, a mattress and pillow does not meet these criteria.

