

<b>Case Number:</b>	CM14-0076569		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, 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 male with an injury date on 06/17/2010. Based on the 03/25/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbago. According to this report, the patient complains of constant severe pain of the lumbar spine, more on the left side. Tenderness and spasm were noted at the lumbar spine. Positive straight leg raise was noted. Decreased sensation was noted at L5-S1 levels. An EMG report on 01/18/2014 indicates right S1 radiculopathy. There were no other significant findings noted on this report. [REDACTED] is requesting TENS unit and one Tempur-Pedic bed. The utilization review denied the request on 05/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/17/2010 to 05/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS/PENS: Chronic Pain, Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, H-wave, Interferential Transcutaneous electrotherapy Page(s): 114, 116.

**Decision rationale:** According to the 03/25/2014 report by [REDACTED] this patient presents with constant severe pain of the lumbar spine more on the left side. The provider is requesting TENS unit but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review certified 1 TENS unit for up to 30 days of use. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial. Review of the medical records from shows the patient has right S1 radiculopathy. The patient appears to be a candidate for a TENS unit trial but not for home purchase at this point. Recommendation is for denial.

**1 Tempur-Pedic bed (Cypress Care): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) and Other Medical Treatment Guideline or Medical Evidence; Aetna, Hospital bed / Durable Medical Equipment (DME).

**Decision rationale:** According to the 03/25/2014 report by [REDACTED] this patient presents with constant severe pain of the lumbar spine more on the left side. The provider is requesting one Tempur-Pedic bed. The MTUS and ACOEM Guidelines do not address Tempur-Pedic bed; however, ODG Guidelines provide some discussion and states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Under Durable Medical Equipment, ODG also states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, Tempur-Pedic bed is not primarily used for medical purpose. Recommendation is for denial.