

Case Number:	CM14-0079378		
Date Assigned:	07/18/2014	Date of Injury:	10/21/2013
Decision Date:	08/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 44-year-old male who reported injury on 10/21/13. The diagnosis was noted to be pain in soft tissues of limb. The mechanism of injury was not provided. The surgical history was not provided. The medication history was not provided. The diagnoses included lumbar myofascial pain, lumbar radiculitis and thoracic radiculitis, lumbosacral disc degeneration, and lumbar stenosis. Prior therapies were not provided. The documentation of 4/10/14 revealed that the injured worker had subjective complaints of low back pain and left leg pain. The injured worker had tenderness to palpation in the lumbar paravertebral area and the sacroiliac joints bilaterally. The injured worker had decreased range of motion. The injured worker had diminished sensation in the left L5 nerve distribution. The treatment plan included ice and heat to areas of discomfort, a home exercise program, over-the-counter nonsteroidal anti-inflammatory medications and analgesics as needed, consultation and treatment with a spine specialist, acupuncture therapy for the lumbar spine, massage therapy for the lumbar spine, a handicap placard and an authorization for an orthopedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase for an orthopedic bed, related to lumbar spine injury/symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Mattress Selection, Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that mattress selection is not recommended to use firmness for mattress selection, mattress selection is subjective and depends on personal preference and individual factors. Additionally, they indicate that pressure ulcers may be treated by special support surfaces designed to redistribute pressure. However, a bed must meet durable medical equipment guidelines to be considered as such. The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which includes could normally be rented and used by successive injured workers, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury and is appropriate for use in an injured worker's home. The clinical documentation submitted for review failed to meet the above criteria. A bed is not primarily and customarily used to serve a medical purpose. It is useful to an injured worker in the absence of illness or injury. Given the above, the request for purchase of an orthopedic bed related to lumbar spine injury and symptoms is not medically necessary.