

Case Number:	CM14-0098536		
Date Assigned:	07/28/2014	Date of Injury:	07/11/2002
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas. 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 49 year old female who reported an injury to her low back on 07/11/02. No description of initial injury was provided in clinical documentation submitted for review. The utilization review dated 06/02/14 resulted in denials for pillow, heating comforter, and sleep number bed as insufficient information was submitted establishing medical necessity for the requested equipment. A clinical note dated 05/21/14 indicated the patient complaining of severe lower extremities weakness leading to several falls, particularly at night. The patient also reported upper extremities strength deficits and was dropping objects. The patient was diagnosed with kidney and bladder infection. The injured worker utilized motorized wheelchair. The injured worker utilized Oxycontin, Norco, Oxycodone, Morphine, and Lidoderm patches for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 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) - Treatment in Workers' Compensation (TWC), Online Edition, Chapter: Neck & Upper Back, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable medical equipment (DME).

Decision rationale: The injured worker complained of ongoing low back pain with associated lower extremities strength deficits. The use of durable medical equipment is indicated for patients who have significant functional deficits likely to benefit from the use of the proposed equipment. No information was submitted regarding medical necessity for a pillow, heating comforter, or sleep number bed. It was unclear how the functional deficits would be reduced with these devices. Therefore, this request is not indicated as medically necessary.

Prospective request for 1 Heating Comforter: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable medical equipment (DME).

Decision rationale: The injured worker complained of ongoing low back pain with associated lower extremities strength deficits. The use of durable medical equipment is indicated for patients who have significant functional deficits likely to benefit from the use of the proposed equipment. No information was submitted regarding medical necessity for a pillow, heating comforter, or sleep number bed. It was unclear how the functional deficits would be reduced with these devices. Therefore, this request is not indicated as medically necessary.

Prospective request for 1 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 (ODG) - Treatment in Workers' Compensation (TWC), Online Edition, Chapter: Low Back - Lumbar & Thoracic, 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) Knee and Leg Chapter, Durable medical equipment (DME).

Decision rationale: The injured worker complained of ongoing low back pain with associated lower extremities strength deficits. The use of durable medical equipment is indicated for patients who have significant functional deficits likely to benefit from the use of the proposed equipment. No information was submitted regarding medical necessity for a pillow, heating comforter, or sleep number bed. It was unclear how the functional deficits would be reduced with these devices. Therefore, this request is not indicated as medically necessary.