MAXIMUS Federal Services

Case Number:	CM14-0126840		
Date Assigned:	08/13/2014	Date of Injury:	02/18/2004
Decision Date:	01/26/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation, has a subspecialty in Pain management 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 58 year old male with date of injury 2/18/04. The treating physician report dated 4/17/14 (68) indicates that the patient presents with continued complaints of pain virtually everywhere including pain affecting the neck, low back and upper and lower extremities. The physical examination findings reveal forward flexion of the lumbar spine to 40 degrees, extension to neutral and lateral bending to 10 degrees. The patient is noted as a whole to be permanently disabled. Prior treatment history includes a rolling walker, lumbosacral orthosis, medication and home health care. The current diagnoses are: 1) Chronic pain syndrome, 2) Psychological diagnosis, 3) Status post bilateral carpal tunnel release. The utilization review report dated 7/15/14 denied the request for a twin orthopedic mattress/box spring based on it not being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twin orthopedic mattress/box spring: 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 Aetna Clinical Policy Bulletin: Hospital Beds and Accessories Number: 0543

Decision rationale: The patient presents with chronic pain syndrome and is permanently disabled. The current request is for twin orthopedic mattress/box spring. The treating physician states that the patient complains of pain virtually everywhere and uses a walker at all times. The Aetna guidelines "considers mattresses medically necessary DME only where the hospital bed is medically necessary." Aetna considers hospital beds medically necessary DME for members who meet any of the following criteria: "The member's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed); or the member's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or the member requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered. A hospital bed is one with manual head and leg elevation adjustments. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed." In this case, the treating physician has not provided documentation as to why the request is being made nor is there made mention of an effort to make accommodations more appropriate with the patient's current mattress/box spring. The request is not medically necessary.