MAXIMUS Federal Services

Case Number:	CM14-0193850		
Date Assigned:	12/01/2014	Date of Injury:	06/07/2004
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational Medicine 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:

This is a 48-year-old male with a 6/7/04 date of injury. According to a progress report dated 11/5/14, the patient stated that his symptoms were somewhat stable. He had a setback about 2 months ago after he had a fall. He continued to have some pain in both legs, especially both knees. Objective findings: motor is 4+/5 in bilateral lower extremities, sensation intact to light touch. Diagnostic impression: status post L4-L5 decompression and instrumented fusion with TLIF, performed on 4/24/14. Treatment to date: medication management, activity modification, physical therapy, H-Wave unit, TENS unit. A UR decision dated 10/28/14 denied the request for an orthopedic bed. The patient is not bed ridden or has any pressure ulcers. He is receiving physical therapy, home H-wave unit, and medications with reported benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Tempur-Pedic Mattress

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

Decision rationale: CA MTUS does not address this issue. ODG states that mattress selection is not recommended. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. In the present case, there is no clear description of how an orthopedic bed would in fact help with the patient's pain. In addition, there is no documentation that this patient has insomnia or has trouble with his current mattress. Therefore, the request for an Orthopedic Bed is not medically necessary.