

Case Number:	CM14-0197658		
Date Assigned:	12/05/2014	Date of Injury:	04/28/2006
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 47 year old male who sustained an industrial injury on 04/28/2006. The mechanism of injury was not provided for review. His diagnoses include cervical radiculitis, lumbar radiculopathy, status post lumbar fusion, anxiety, depression, chronic low back pain, bilateral carpal tunnel syndrome, and status post left carpal tunnel release. He continues to complain of neck pain that radiates down bilateral upper extremities, low back pain that radiates down bilateral lower extremities, bilateral knee pain, headaches and pelvic pain. On physical exam there is tenderness in the cervical spine at C5-7, moderately limited cervical range of motion with pain, spasm in the paraspinous musculature, and decreased range of motion of the lumbar spine with straight leg rising in the seated position positive on the right at 70 degrees. Treatment in addition to surgery has included medications, and Toradol injections. The treating provider has requested an orthopedic bed.

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 Chapter

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 Pain, and on Other Medical Treatment Guideline or Medical Evidence: [REDACTED]

Decision rationale: The guidelines from [REDACTED] note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested orthopedic bed is necessary to improve the claimant's back condition. Per ODG there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. It is not recommended to use firmness as sole criteria. The claimant is maintained on medical therapy and the requested orthopedic bed is not specifically required to ensure subjective, objective and functional benefit to his condition. Medical necessity for the requested item is not established. The requested item is not medically necessary.