MAXIMUS Federal Services

Case Number:	CM15-0005869		
Date Assigned:	01/26/2015	Date of Injury:	12/17/2007
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old female who sustained an industrial injury, reported on 12/17/2007. She has reported radiating low back pain. The diagnoses have included lumbar 4 - sacral 1 fusion with interbody (8/12). Treatments to date have included consultations; diagnostic and imaging studies; surgery (8/12), physical therapy with home exercise program; and medication management. The status classification for this injured worker (IW) was noted to be permanent and stationary. On 12/18/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/11/2014; DME: recliner bed lumbar spine for providing a 30-40 degree elevation to increase comfort. No Guidelines were noted cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: RECLINER BED LUMBAR SPINE: 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) Knee Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Mattress selection, Durable Medical Equipment (DME) Medicare.gov, durable medial equipment

Decision rationale: ODG states: There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. However, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. The provided medical record does not provide any evidence of a spinal cord injury or pressure ulcers from such ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your homeA recliner meets two of the four DME criteria: durability and appropriate for home use. However, the treating physician does not outline the necessarily requirement for a medical reason stating it provides greater comfort, while an important goal of patient care is not by itself an indication for DME, there is no description provided as to why other methods are not useful, to what degree this equipment provides pain relief and what functional gains this equipment leads to. As such, the request fora recliner bed is deemed not medically necessary.