

Case Number:	CM15-0019135		
Date Assigned:	02/09/2015	Date of Injury:	07/27/1998
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who reported an injury on 07/27/1998. The mechanism of injury was not provided. The prior medications were noted to include Vicodin, Flexeril, and Norco 5/325 mg. There was no Request for Authorization submitted for review. The documentation of 11/24/2014 revealed the injured worker had neck, upper back, and low back pain which the injured worker indicated increased recently. The injured worker indicated he has less low back pain when he turns his mattress over or sleeps on an AeroBed. The objective findings revealed the injured worker had decreased range of motion of the lumbar spine. The diagnoses included chronic low back pain from disc protrusions at L4-5 and L5-S1. Additional documentation included insomnia secondary to pain. The treatment plan included a Request for Authorization for a Sleep Number bed. The documentation indicated the injured worker had tried a Sleep Number bed and felt he was better able to sleep with that bed with respect to his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number bed QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines indicate that mattress selection is not recommended to use firmness as a sole criteria. 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. A mattress would be considered durable medical equipment. As such, the durable medical equipment guidelines would apply. The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and the device or system meets Medicare's definition of durable medical equipment which includes can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to support that the use would primarily and customarily be for a medical use and failed to indicate that the Sleep Number bed would not be useful to the injured worker in the absence of illness or injury. Given the above, the request for Sleep Number bed QTY: 1.00 is not medically necessary.