

<b>Case Number:</b>	CM15-0137524		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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(n) 41 year old male, who sustained an industrial injury on 2/1/11. He reported pain in his neck, bilateral upper extremities, back and bilateral lower extremities. The injured worker was diagnosed as having chronic bilateral foot pain, L2-L3 degenerative disc disease, bilateral medial and lateral epicondylitis, chronic cervical strain, C5-C6 disc protrusion and T7-T8 disc protrusion with left cord impingement. Treatment to date has included physical therapy and oral medications. As of the PR2 dated 6/1/15, the injured worker reports constant severe pain in his lower back and tight muscles in his thighs and calves. Objective findings include decreased lumbar range of motion and moderated tenderness of the midline lumbosacral area. The treating physician requested a recliner and a hospital bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recliner:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cms.gov](http://www.cms.gov).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The request for a recliner for back support and/or pain is not medically necessary.

**Hospital bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cms.gov](http://www.cms.gov).

**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 and pg 64.

**Decision rationale:** 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 this case, the claimant had chronic back pain. There was no indication that the hospital bed would improve outcomes or reduced pain scores and improve function. The request is not medically necessary.