

Case Number:	CM15-0144048		
Date Assigned:	08/05/2015	Date of Injury:	07/31/2007
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 45 year old who sustained an industrial injury on 07-31-2007. Mechanism of injury was not found in documentation provided for review. Diagnoses include cervical-lumbar radiculitis with myofascitis and psyche issues. Treatment to date has included diagnostic studies, medications, and chiropractic sessions. He takes Norco for pain. He works modified duty. A physician progress note dated 05-21-2015 documents the injured worker has ongoing chronic pain in the neck and back. He also has anxiety and depression. He is has been having more neck and back pain. He has tried a Sleep Number bed and slept 8 hours, as compared to usually sleeping 3-4 hours in his own bed. He is requesting one for an improved sleep. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes an Ergonomic Evaluation of his work station. Treatment requested is for a Sleep Number bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number bed purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a sleep number bed. Guidelines state the following: Mattress Selection, not recommended to use firmness as sole criteria. According to the clinical documentation provided and current guidelines; a sleep number bed is not medical necessity.