

Case Number:	CM15-0166285		
Date Assigned:	09/03/2015	Date of Injury:	05/31/2007
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 58 year old woman sustained an industrial injury on 5-31-2007. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 4-28-2008 and cervical spine MRI dated 4-28-2008. Diagnoses include cervical radiculopathy, lumbar radiculitis, headaches, constipation, depression, medication related dyspepsia, and chronic pain. Treatment has included oral medications. Physician notes dated 8-31-2015 show complaints of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, bilateral upper extremity pain, occipital migraine headaches, constipation, and insomnia. The worker rates her pain 8 out of 10 without medications and 4 out of 10 with medications and currently describes the pain as unchanged. Recommendations include home exercise program, orthopedic bed, Fioricet, Gabapentin, Ibuprofen, Lidoderm patch, Senokot, Tizanidine, Tramadol, Zantac, Briomonidine drops, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: orthopedic 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 and www.ncbi.nlm.nih.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 & Lumbar & Thoracic, Acute & Chronic, and Mattress Selection.

Decision rationale: The requested DME: orthopedic bed is not medically necessary. The injured worker has neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, bilateral upper extremity pain, occipital migraine headaches, constipation, and insomnia. CA MTUS is silent. Official Disability Guidelines, Low Back & Lumbar & Thoracic, Acute & Chronic, Mattress Selection note, "Not recommended to use firmness as sole criteria" and "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Based on these negative guideline recommendations and a lack of documented, detailed medical indication for this DME and the lack of provided nationally-recognized, evidence-based, peer-reviewed medical literature in support of this DME as an outlier to referenced guidelines, the medical necessity for this request has not been established. The criteria noted above not having been met, DME: orthopedic bed is not medically necessary.