MAXIMUS Federal Services

Case Number:	CM15-0167547		
Date Assigned:	09/08/2015	Date of Injury:	09/27/1997
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina
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 49-year-old male who was injured on 09-27-1997. The mechanism of injury was not found in documentation submitted for review. Diagnoses include failed thoracolumbar fusion, L1-2 severe stenosis, status post C5-6 ACDF, chronic cervical radiculopathy, status post removal of intrathecal catheter (pain pump) on 02-09-2015. The treatment plan included diagnostic studies, medications, therapy and a home exercise program. He underwent an intravenous ultrasound of the inferior vena cava and bilateral common iliac and external iliac veins with bilateral iliac venograms on 04-06-2015 due to swelling in his lower extremities. An unofficial CT myelogram showed stenosis at L1-2. An EMG-NCV done on 07-03-2015 showed right and left sensory polyneuropathy, right and left median nerve motor neuropathy, and right and left ulnar nerve motor neuropathy. The physician progress note dated 07-16-2015 documents the injured worker is status post removal of intrathecal morphine catheter. He presented with withdrawal symptoms, difficulty sleeping, loss of appetite, increased difficulty with cervical symptoms and excessive lumbar pain. He rates his pain as 8 out of 10 and he cannot walk more than 2 blocks. He walks with an antalgic gait and he was flexed at 20 degrees. He has decreased sensation in bilateral anterolateral thighs. His back has visible spasms. He has decreased and painful cervical range of motion. He has a decreased grip and thenar is wasting in bilateral hands, and sensation is decreased in his bilateral arms and forearms at C6 and C7. The treatment plan includes continuing his medications, an orthopedic spine work-up, encourage his home exercise program and a follow up in one month. The requested treatments include 1 Rhapsody Luxor Breeze firm mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rapsody Luxor Breeze firm mattress: 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), Low Back-Lumbar & Thoracic (Acute and Chronic), Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i. e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.