

<b>Case Number:</b>	CM15-0181888		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 36 year old male, who sustained an industrial injury on 11-7-12. He reported neck and thoracic spine pain. The injured worker was diagnosed as having spasm of muscle, chronic pain syndrome, myalgia and myositis, cervical spondylosis without myelopathy, and displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included a Toradol injection, cervical epidural steroid injections, physical therapy, acupuncture, cervical discectomy on 3-24-15, lumbar intervertebral disc excision on 9-20-13, psychiatric treatment, and medication. Physical examination findings on 8-25-15 included intact sensation, normal deep tendon reflexes, and normal motor strength. Currently, the injured worker complains of neck and back pain. The treating physician requested authorization for an orthopedic bed. On 9-14-15 the request was non-certified; the utilization review physician noted "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."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic bed:** 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) 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. The ODG and ACOEM also do not support the use of a mattress or bed in the treatment of pain. Therefore the request is not medically necessary.