

Case Number:	CM15-0188081		
Date Assigned:	09/30/2015	Date of Injury:	09/08/2012
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 9-08-2012. The injured worker was being treated for back pain. Treatment to date has included diagnostics, lumbar spinal surgery in 2013, physical therapy, Botox injections, and medications. Currently (8-31-2015), the injured worker complains of back pain. He reported pain levels 2 out of 10 with medication use and 4-6 out of 10 without (pain levels not documented on 8-03-2015, 7-06-2015, or 6-04-2015). He reported that approximately 2 weeks prior, he was at his brother's house and slept on his therapeutic bed, and it "seemed to help relieve the back pain". He requested a therapeutic bed, stating that he had decreased pain levels in the morning and was well rested. His medications included Norco, Percocet, Motrin, Tizanidine, and Gabapentin. Physical exam noted tenderness over the right lumbar paraspinal musculature and pain down both legs bilaterally with straight leg raising. His work status remained modified. The treatment plan included a therapeutic bed (to help reduce back pain and improve function), non-certified by Utilization Review on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic 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 (ODG), Low Back, 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) Knee & Leg Chapter, under Durable Medical Equipment Low Back - Lumbar & Thoracic Chapter, under Mattress and Other Medical Treatment Guidelines Aetna guidelines, Clinical Policy Bulletin Number 0543.

Decision rationale: The current request is for a Therapeutic bed. Treatment to date has included diagnostics, lumbar spinal surgery in 2013, physical therapy, Botox injections, and medications. MTUS and ACOEM are silent on therapeutic beds. ODG-TWC, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. ODG-TWC, Low Back: Lumbar & Thoracic Chapter, under Mattress Selection states, "Not recommended using firmness as sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)" Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories states: "If the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed." Per report 08/31/15, the patient presents with chronic lower back pain. The patient reported that he had slept on his brother's therapeutic bed, and it "seemed to help relieve the back pain." He requested a therapeutic bed, stating that he had decreased pain levels in the morning and felt better rested. While this patient does present with chronic pain, ODG and Aetna guidelines do not support the issuance of specific beds, without evidence of medical need, such as paralysis, pressure ulcers, or respiratory illnesses requiring specialized bedding. Therefore, the request is not medically necessary.