

Case Number:	CM15-0212741		
Date Assigned:	11/02/2015	Date of Injury:	07/03/2007
Decision Date:	12/16/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old male, who sustained an industrial-work injury on 7-3-07. He reported initial complaints of low back pain. The injured worker was diagnosed as having cauda equine sign, degenerative disc disease, sciatica, and lumbar radiculopathy. Treatment to date has included medication, diagnostics, surgery (laminectomy at L4-5). EMG-NCV (electromyography and nerve conduction velocity test) was reported to confirm radiculopathy, chronic denervation in both lower extremities at L5-S1 and on the right at L4. Currently, the injured worker complains of back pain with utilization of a sleep number bed that is breaking down and not sleeping well and increased pain. Medications used were Ambien for sleep and Klonopin for restless leg syndrome and Vicodin for pain. Per the primary physician's progress report (PR-2) on 10-20-15, exam was not performed-denied again on 10-27-15. Requested sleep numbers bed for support and sleep. Prior exams report 'about the same'. Current plan of care includes sleep number bed. The Request for Authorization requested service to include Sleep number bed. The Utilization Review on 10-28-15 denied the request for 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: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment, and Low Back, Mattress Selection and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of Sleep number bed. ODG does state regarding mattress selection, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. 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." ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for a sleep number bed does not meet the criteria for durability and home use per Medicare classification. ODG does not support specialized mattress unless specific criteria is met. The medical documents do not indicate spinal cord injury. As such, the request for Sleep number bed is not medically necessary.