

<b>Case Number:</b>	CM15-0222998		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	12/18/2001
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Florida

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 55 year old male, who sustained an industrial-work injury on 12-18-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, morbid obesity and depression. Treatment to date has included pain medication, acupuncture at least 6 sessions (very helpful), cane, pool therapy, and other modalities. Medical records dated 10-19-15 indicate that the injured worker complains of severe low back pain. The physician indicates that he does not have access to a pool. He is now able to walk without a cane short distances, sitting tolerance has improved to 45 minutes at a time and he is now able to coach his son's softball. The physician indicates that the injured worker would like to get a gel bed wedge to raise his legs in bed to facilitate sleep. Per the treating physician report dated 10-19-15 work status is to remain off work ongoing. The physical exam reveals weight of 399.3 pounds, he ambulates with a single point cane, and he appears to be more comfortable. The request for authorization date was 10-22-15 and requested service included a Bed wedge. The original Utilization review dated 10-28-15 non-certified the request for a Bed wedge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bed wedge:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Common Sleep Disorders, Kannan Ramar, MD, and Eric J. Olson, MD, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Aug 15;88(4):231-238.

**Decision rationale:** MTUS, ACOEM, ODG guide lines do not make recommendations regarding "bed wedges." As utilization review points out, this patient could take a pillow in bed to prop up his legs and achieve the same results. The medical necessity of a bed wedge is not established in the medical records. Likewise, this request is not medically necessary.