

Case Number:	CM15-0041118		
Date Assigned:	03/11/2015	Date of Injury:	12/27/2010
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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 28-year-old male, who sustained an industrial injury on 12/27/2010. He reported low back pain from lifting heavy equipment. The injured worker was diagnosed as having lumbar sprain, lumbar herniated nucleus pulposus and lumbar degenerative disc disease with myelopathy. Treatment to date has included activity modification, home exercises and medication management. Currently, a progress note from the treating provider dated 2/4/2015 indicates the injured worker reported continued 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 Queen: 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) Treatment Index, 11th edition (web), 2014, 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 Knee & Leg Chapter, Under Durable Medical Equipment Low back chapter, Mattress selection.

Decision rationale: The patient presents with lower back pain. The request is for orthopedic bed queen. MTUS and ACOEM are silent on beds. ODG does provide some guidance in the Low Back chapter, Mattress selection, that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG 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. In this case, the treater requested an orthopedic bed because the patient states that his current bed was causing more pain. There is lack of support from the guidelines for purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request IS NOT medically necessary.