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| Case Number: | CM15-0046217 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 08/28/2000 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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, Pain Management

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 8/28/2000. The current diagnosis is herniated nucleus pulposus L4-L5-S1. According to the progress report dated 12/9/2014, the injured worker complains of constant low back pain. He reports increasing pain by 80%. He is not able to sleep on his back, because he develops numbness and tingling in the left foot. Current medication list was not available for review. Treatment to date has included X-rays, MRI, electrodiagnostic studies, and range of motion study. Per notes, he does not want epidurals and is not willing to consider surgery. The plan of care includes one orthopedic bed and updated MRI study.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 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 (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter, Mattress selection.

Decision rationale: Regarding the request for One orthopedic bed, California MTUS does not contain criteria for the purchase of bedding. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for pain. Within the documentation available for review, the requesting physician has not included any compelling peer-reviewed scientific literature supporting the use of an orthopedic bed for the treatment of the patient's diagnoses. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested One orthopedic bed is not medically necessary.